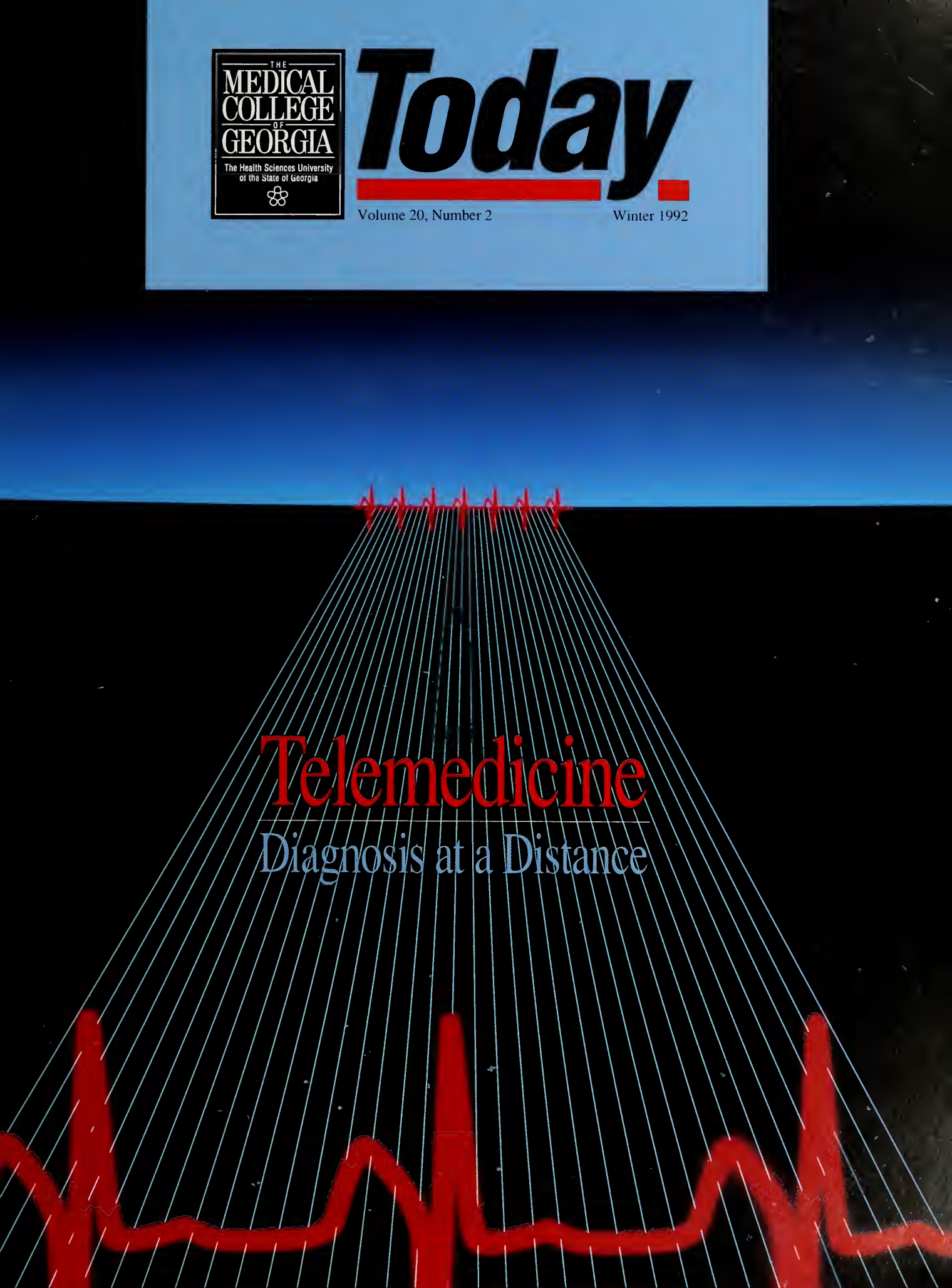
THE MEDICAL COLLEGE OF GEORGIA
The Health Sciences University of the State of Georgia

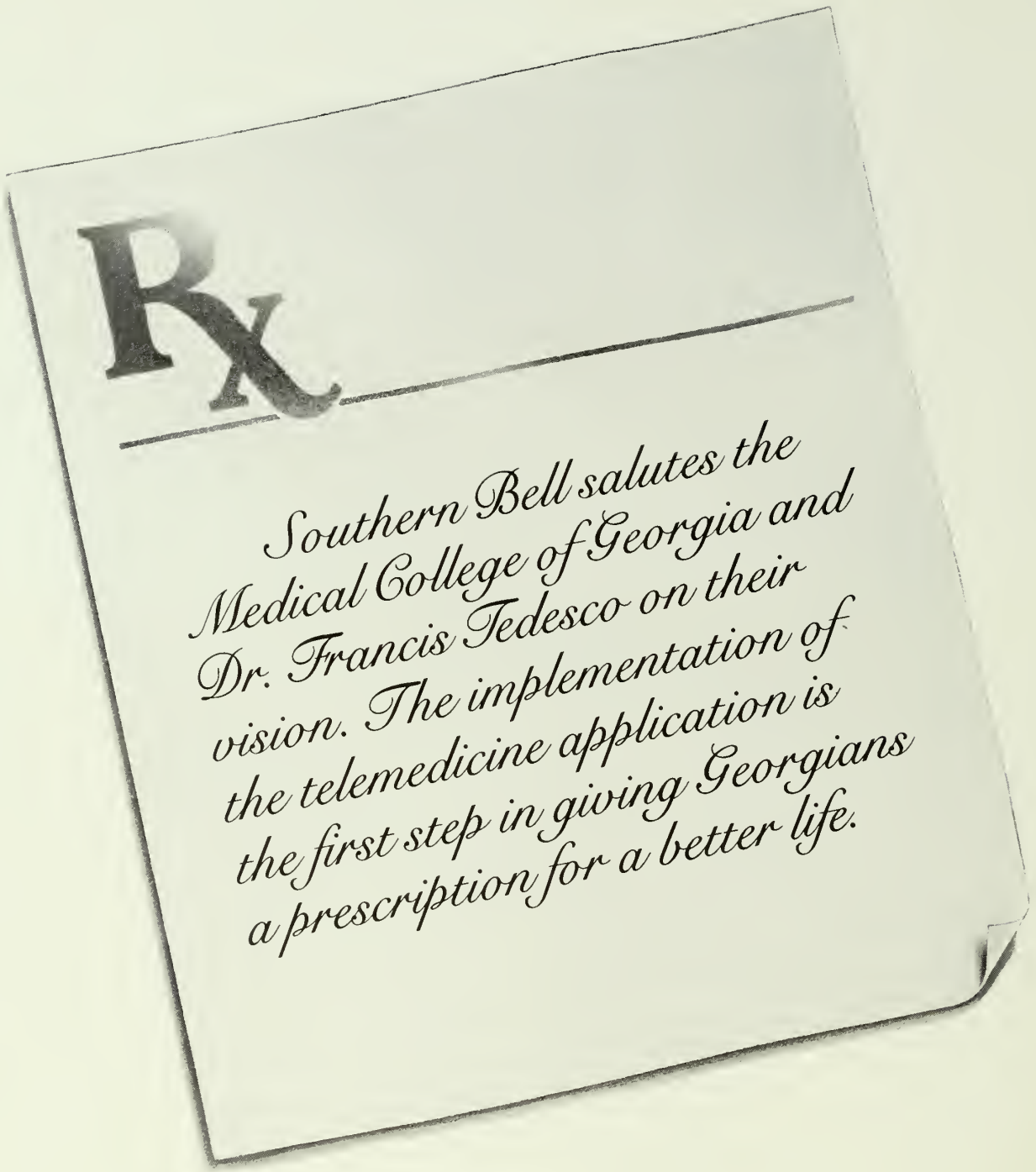
Today

Volume 20, Number 2 Winter 1992



Telemedicine

Diagnosis at a Distance


Rx
Southern Bell salutes the Medical College of Georgia and Dr. Francis Tedesco on their vision. The implementation of the telemedicine application is the first step in giving Georgians a prescription for a better life.

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THE MEDICAL COLLEGE OF GEORGIA
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Today

Volume 20, Number 2 Winter 1992

Introduction

Medicine is changing before our eyes in many ways, and one of the most significant is the field's increasing emphasis on wellness—concentrating on staying healthy along with battling illness and disease.

Several projects at the Medical College of Georgia attest to the school's commitment to wellness and preventive medicine. This edition of *Medical College of Georgia Today* highlights those efforts.

Telemedicine, a revolutionary means of providing health care to rural Georgians via an interactive video system, enables MCG specialists to examine patients from miles away and help keep them healthy. The state-of-the-art program is detailed in the magazine.

Read also about *Gimme 5*, an MCG project designed to turn children on to fruits and vegetables.

MCG's nutrition section also touts the cause of healthy living. Read about its lipid clinic and laboratory, which tests drugs to lower cholesterol.

A researcher in the MCG School of Dentistry has expertise second to none about the amazing ability of fluoride to prevent tooth decay. His research is detailed in the magazine.

And be sure to check out MCG studies regarding tobacco advertising that have generated extensive national publicity. A societal shift away from the "cool" image children associate with smoking is essential toward decreasing tobacco use, they conclude. And few things will promote good health more readily than swearing off cigarettes.

Indeed, good health is the goal of every health-care provider at MCG and one we hope you enjoy reading about in this edition of *Medical College of Georgia Today*.

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"Fun" is the definitive description of *Gimme 5*, an MCG project aimed at increasing children's fruit and vegetable consumption.

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The Medical College of Georgia is the health sciences university of the University System of Georgia. Focusing on health care education, research and patient care, the Augusta-based institution consists of MCG Hospital, more than 80 support clinics, statewide outreach programs and the Schools of Allied Health Sciences, Dentistry, Graduate Studies, Medicine and Nursing.

Medical College of Georgia Today (USPS 867340) is sponsored by grants from MCG Foundation, Inc. and the MCG School of Medicine Alumni Association. It is produced by the Divisions of Institutional Relations and Health Communications; Medical College of Georgia; Augusta, Georgia 30912. Advertising inquiries should be directed to Graphic Advertising, P.O. Box 397, Augusta, Georgia 30903. Published quarterly, *MCG Today* is furnished to alumni and friends of MCG without charge. Second-class postage is paid at Augusta, GA. The appearance of advertisements in this publication does not constitute an endorsement by the Medical College of Georgia of the products or services advertised. *Postmaster:* Send address changes to Data Update Office, FI–100 Alumni Center, Medical College of Georgia, Augusta, Georgia 30912

Telemedicine: Revolutionizing Rural Health Care

An innovative communications system is in place that enables physicians at the Medical College of Georgia to peer down throats, listen to heartbeats, examine X-rays and see and talk directly with patients 130 miles away in Eastman, Ga.

For patients this means improved access to specialists at MCG often without leaving their hometown.

For Eastman's Dodge County Hospital it means expanding services while dramatically reducing the need to transfer patients to a larger facility.

For the bigger picture of health care in rural areas, this new telemedicine network improves access by pooling an interactive television system, cameras that can zoom in on a skin cancer, electronic stethoscopes that magnify the heartbeat and machines that instantaneously transmit digitized X-rays and laboratory results with Southern Bell's extensive local network and the state Department of Administrative Service's extensive statewide network.

MCG is the first facility to use this level of interactive telecommunications that lets physicians actually do physical examinations long-distance to address the issue of rural health care, said Dr. Francis J. Tedesco, president of the Medical

Gov. Zell Miller (forefront) participates in telemedicine demonstration during Nov. 13 press conference to introduce the system. Also pictured from left: Carl Swearingen; President's Advisory Council member Charles Hudson; Dr. Francis Tedesco; Gov. Miller's wife, Shirley; House Speaker Tom Murphy; and Tom Hunt.

College of Georgia.

"We have an unusual bias in Richmond County as they have in Atlanta," Dr. Tedesco said, referencing the huge physician populations in both metropolitan areas. "But that view is not realistic for much of Georgia and much of the entire nation."

Dr. Tedesco sees this use of telemedicine as a new way to impact on the old problem of access to health care in rural areas of Georgia and other states.

"As a state institution we are helping enhance the health care of Georgians and we are helping rural health care. I think that is one of our responsibilities," Dr. Tedesco said.

"You really have to think of telemedicine as a way of bringing the patient to your office if you are a physician, or if you are a patient, bringing the doctor to you," said Dr. Gregory L. Eastwood, dean of the MCG School of Medicine.

"If you get beyond the technology, it's not really that different from any other patient-doctor interaction," Dr. Eastwood said of telemedicine.

"We will be able to provide them with an on-line, on-time consultation without the trouble and expense of transferring the patient down here," said Dr. Daniel F. Ward, director of the Section of Emergency Medicine at MCG and clinical director of the new telemedicine program.

"A large number of problems may not require the actual presence of a patient in this facility," Dr. Ward said. "So the advantages to accrue to the patient by not having to travel should accrue to Dodge County Hospital by being able to retain more of its primary care patients and should accrue to this institution by allowing it to function as what it is, a tertiary-care hospital."

Initially, telemedicine will operate during regular office hours Monday through Friday. To schedule an appointment, Dodge County physicians may call MCG's Section of Emergency Medicine office.

But part of the idea of basing telemedicine in the emergency room is eventually to expand it to a 24-hour-a-day program so patients in Dodge County with life-threatening emergencies, such as a severe heart attack or some type of trauma, also can be seen by specialists at MCG, Dr. Ward said.

Dr. Tedesco was first introduced to the idea of telemedicine by Dr. Jay H. Sanders, president and chief executive officer of Interactive Telemedical Systems in Coral Gables, Fla.

With the president's strong commitment and support, Dr. Sanders, consultant for MCG's telemedicine system, designed and developed the telemedicine system in use between MCG and Dodge County Hospital.

Dr. Sanders' experience with telemedicine began in the 1960s when he was a resident working under Dr. Kenneth Bird, an internist at Massachusetts General Hospital. It was Dr. Bird's idea to establish a telemedicine network between the Boston hospital and a nearby Department of Veterans Affairs Medical Center and a medical facility for employees and passengers at Boston's Logan Airport.

In 1973, Dr. Sanders received a grant from the National Science Foundation to evaluate telemedicine's role in health care. Dr. Tedesco was a faculty member at the University of Miami for several years in the mid- to late-1970s when Dr. Sanders also was at Miami.

Today, telemedicine technology has improved, the costs of providing it have gone down and the need for such technology is still very real, Dr. Sanders said.

"This system that (MCG has) is the most complete, comprehensive system that

Dr. Daniel F. Ward (forefront) and colleagues display telemedicine equipment during press conference.

exists. It does things that no other system has done before," Dr. Sanders said.

And today the technology can be applied to any segment of society that has been disenfranchised from health care, geographically or economically, he said.

"We're excited to see what this technology is going to be able to provide for us," said Richard O. Couey, administrator of the 87-bed Dodge County Hospital.

He sees telemedicine maximizing the potential of his primary care hospital so that patients get the best care for the least time, trouble and expense.

"It will be comfortable for the patients; we think it is going to be effective for the physicians," said state Rep. Terry L. Coleman, whose district includes Dodge County.

MCG was looking for a hospital large enough to support telemedicine that was financially solid but still rural, Mr. Coleman said. "We just happened to fit the mold," said the lawmaker. "It's going to be absolutely phenomenal the way the thing is going to develop and how quickly.

"Southern Bell has been tremendously aggressive and helpful in this situation. Local physicians have been supportive. They have seen people die on the way to Augusta or Macon," Mr. Coleman said.

"The thing that I am the most excited about is having the opportunity in Georgia to take the basic, inherent capabilities of the public telecommunications network that we have and to bring an application to that which can genuinely contribute to the quality of life and provide more opportunities to the people of our state," said Tom Hunt, general manager of Network-Atlanta for Southern Bell.

Southern Bell and Georgia Power also have provided substantial funding to purchase equipment being used at both ends of the communication lines between Augusta and Dodge County.

CAE-Link, a distance learning and videoconferencing integrator in Alexandria, Va., worked with Dr. Sanders and Southern Bell to put the system together.

The state Department of Administrative Services Telecommunications Division worked with Southern Bell to make part of its state communications network routinely used for telephone and data transmission also available for use by telemedicine.

"We're excited about providing the state network that links the cities of Augusta, Atlanta and Macon and connecting with the Southern Bell network to participate in this telemedicine project," said George A. Christenberry Jr., director of telecommunications for DOAS.

The state telecommunication network between Augusta, Atlanta and Macon enables long-distance communication between Southern Bell's local networks in Augusta and Eastman possible.

The state system was designed in 1987 to handle video communication with the future in mind, Mr. Christenberry said. Telemedicine is the first use of that capability.

Dr. Tedesco and others associated with telemedicine see this as just the beginning of realizing the potential of such a communications system.

"There is no reason you could not have a telemedicine setup in a nursing home or in a prison," said Keith Milner, manager of New Service Planning and Network Marketing Support for Southern Bell.

"There is no reason why you couldn't put one in a van for catastrophes. Because of Southern Bell's robust, extensive network, there are almost limitless uses," he said.

"Georgia has one of the most technologically advanced telephone systems in the world," said Carl Swearingen, president of Southern Bell's Georgia division. "Thanks to Southern Bell's 100 percent electronic switched network, we've been able to introduce more services in the last five years than in the 100 years prior to that. Telemedicine is one of the most exciting new applications being offered over our network."

"I think we want to show this technology works, that it's beneficial and cost-effective," Dr. Tedesco said. "Then I think we should let the marketplace and others carry on from there."

System potential includes use in the prison systems to reduce the need for prisoner transport, a continuing-education network for physicians and other health-care providers and, less directly, a way to ease physician isolation in more rural areas by permitting direct contact between physicians in two or more cities.

Dr. George S. Walker, an internist and chief of staff at Dodge County Hospital, sees information flowing in both directions, with the potential for Dodge County doctors helping students and residents at MCG learn about areas such as rural health care.

For now he believes it will often mean no trips or fewer trips to Augusta for his patients.

Back at MCG, Dr. Eastwood, the medical school's dean, predicts that a year from now, MCG will be exploring how this telemedicine network can be applied to other hospitals in Georgia.

"Part of our purview is to look at mechanisms for caring for the citizens of Georgia," Dr. Eastwood said of MCG's role as Georgia's health sciences university. "If we can set up a model to show that, yes, health care is delivered more effectively in a particular area, that's science really." ■

—TONI BAKER

Avis Butler has always had two good legs to stand on.

She stood for 14 years behind a machine that made those big, 14-ounce pecan log rolls at the old Stuckey's candy plant.

She's spent even more years walking the 216-acre Dodge County farm, where she and her late husband Ernest Ed Butler raised cotton, corn and peanuts.

Mrs. Butler retired from Stuckey's about nine years ago.

Pine trees that one day will be cut for timber have replaced food crops on her farm.

And Avis Bulter's legs are giving her some trouble.

"My knees have been giving me problems for years," said the 69-year-old. "I can handle it during the daytime. At night, they go to hurting me."

She's got garden-variety osteoarthritis, a painful condition that can result from some sort of injury, but also can—as in Mrs. Butler's case—just happen with age.

Her doctor, George S. Walker, has been giving her non-steroidal pain relievers like aspirin and occasional injections of steroids directly into her knees.

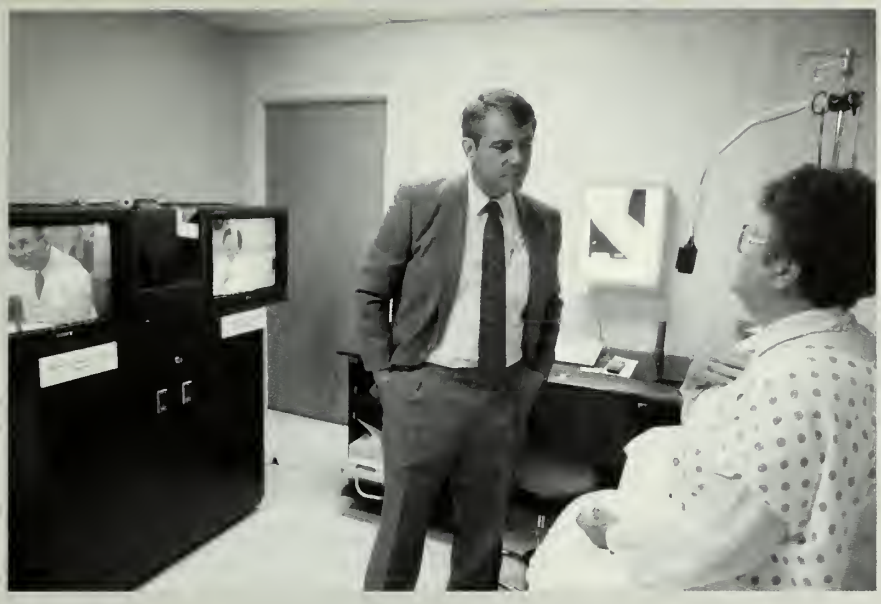
But his busy, friendly and generally healthy patient is having more and more trouble with pain.

"She might be a candidate for a knee replacement to get rid of the pain and be more mobile," said Dr. Walker, an internist and chief of staff at Dodge County Hospital.

Dr. Walker decides it's time for Mrs. Butler to see an orthopedic surgeon.

Normally he would call the Medical College of Georgia Section of Orthopedic Surgery, say he has a patient who may need a knee replacement and ask when he can send her up.

But today there's telemedicine, a system that enables faculty at MCG to examine patients 130 miles away at Eastman, Georgia's



A Patient's View

Dodge County Hospital.

For referring doctors like Dr. Walker it means easy, quick, direct access to MCG faculty.

For patients like Mrs. Butler, it means fewer—possibly no—trips to Augusta.

"Can you tell me about the pain in your knee, can you describe it?" asks MCG orthopedic surgeon Timothy R. Young, who specializes in total knee and hip replacements.

"It hurts me real bad," she tells him, via the upscale telecomunications network that effectively eliminates the miles between them.

"I've had problems with my knees a good many years. I'm living on cortisone right now. This left one has given me more trouble," she tells Dr. Young.

The two talk about the cortisone shots she takes and how often she has had them; he asks her about her experience with pain relievers.

Barbara Bivins, director of the emergency room at Dodge County Hospital, helps Mrs. Butler put her legs through their range of motion and the patient tells Dr. Young when and where it hurts the most.

Dr. Walker also examines the patient, and he and Dr. Young discuss the patient a minute.

Then Dr. Young encourages her to make herself comfortable so they can chat.

"You have degenerative arthritis. I'm sure you've been told that. In your age group there are a couple of options. One you've kind of already been through, the first options of the injections and the medications and doing everything that you can to avoid surgery.

"I think, based on everything you are telling me, you are getting close to a point where your pain is such that it really keeps you from doing what you want to do on a day-to-day basis. Is that correct?"

"That's right," she tells him.

"I would suggest you start using a cane and continue medications to see if it helps that left knee. But we are, in your age group, getting to the point where we consider the second option, a total knee replacement. Once we go through all the risks, you may want to wait. There certainly is no hurry to operate. The reason to operate is pain. That seems to be your primary complaint so that is what we should address."

He tells her about the third option of arthroscopy, a less-invasive procedure in which the interior of the knee is examined and washed out, but the arthroscopic washout is not predictable and, if successful in relieving pain, will be temporary.

He also tells her that at age 69, the total knee replacement, with its 95 percent 10- to 15-year survival rate, is probably her best bet.

"For the time being, use a cane in your opposite hand, use it in your right hand, and walk normally using that cane and see if that doesn't help you a little bit."

Dr. Young tells her he'll send some literature about surgery and the potential complications.

They say their goodbyes.

This was Dr. Young's first encounter with telemedicine.

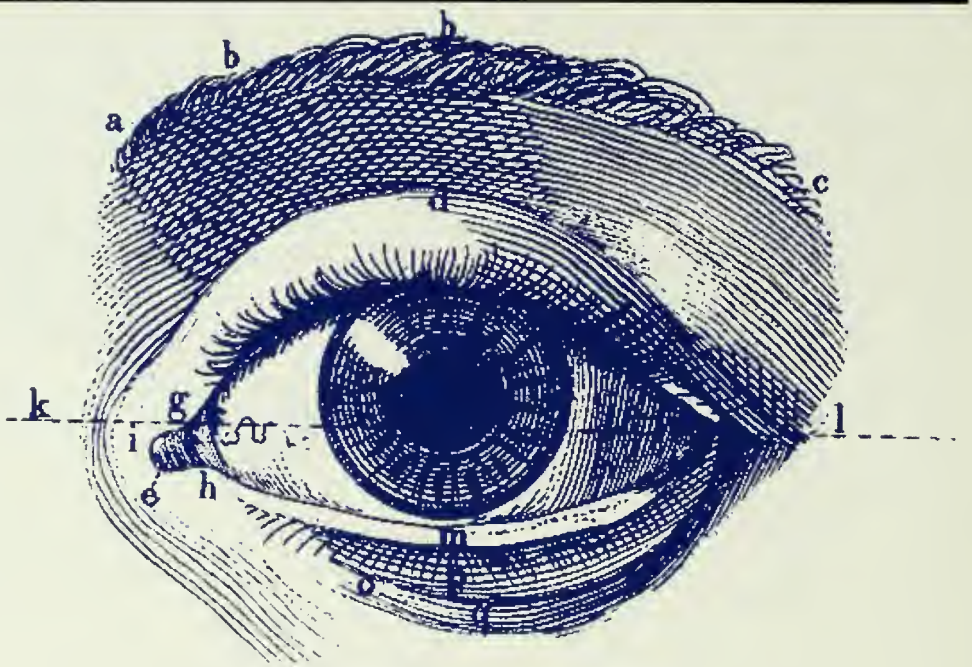
He figures for patients such as Mrs. Butler, it will be a fine tool for initial screening and possibly for follow-up visits after surgery.

"I think that is where we will be headed," he said. ■

—TONI BAKER

Dr. George S. Walker, Avis Butler

Drs. Timothy Young, Daniel Ward examine Avis Butler via telemedicine.



Sight for Sore Eyes

About one of every 25 children has a treatable eye condition that can lead to permanent loss of vision.

The problem often lies in detecting those conditions, according to Dr. John S. Davis, pediatric ophthalmologist at the Medical College of Georgia.

Because no standardized vision-testing program exists in this country for children under school age, problems may go undetected until vision tests are administered at school, Dr. Davis said.

And, as with other medical problems, "Early detection and treatment is associated with better results," the pediatric ophthalmologist said.

One detectable, treatable problem is amblyopia, more commonly known as lazy eye. It's a condition exclusive to children in which the brain suppresses vision because the eye is not being used.

Causes of amblyopia include a misshapen eyelid that droops over the eye, or a cataract that clouds vision—Dr. Davis has seen cataracts in children only 1 day old. Also at fault may be a refractive error in which one eye is always out of focus compared with the other.

Another problem is strabismus, or a squint, in which the eyes are misaligned. The eye that is not straight also can be turned off permanently by the brain.

"In the general population, it adds up to about 6 percent of the population has amblyopia and/or strabismus. Those are potentially treatable causes that can lead to vision loss," Dr. Davis said.

Some population segments are at higher risk for these eye problems, including premature infants. Some conditions tend to run in families, others are part of syndromes, some are related to infections acquired from the mother during pregnancy and—sometimes—the cause is not really clear.

Regardless of the cause, often the resulting conditions are not found in babies and young children who cannot respond to questions that would be asked in a standard vision test.

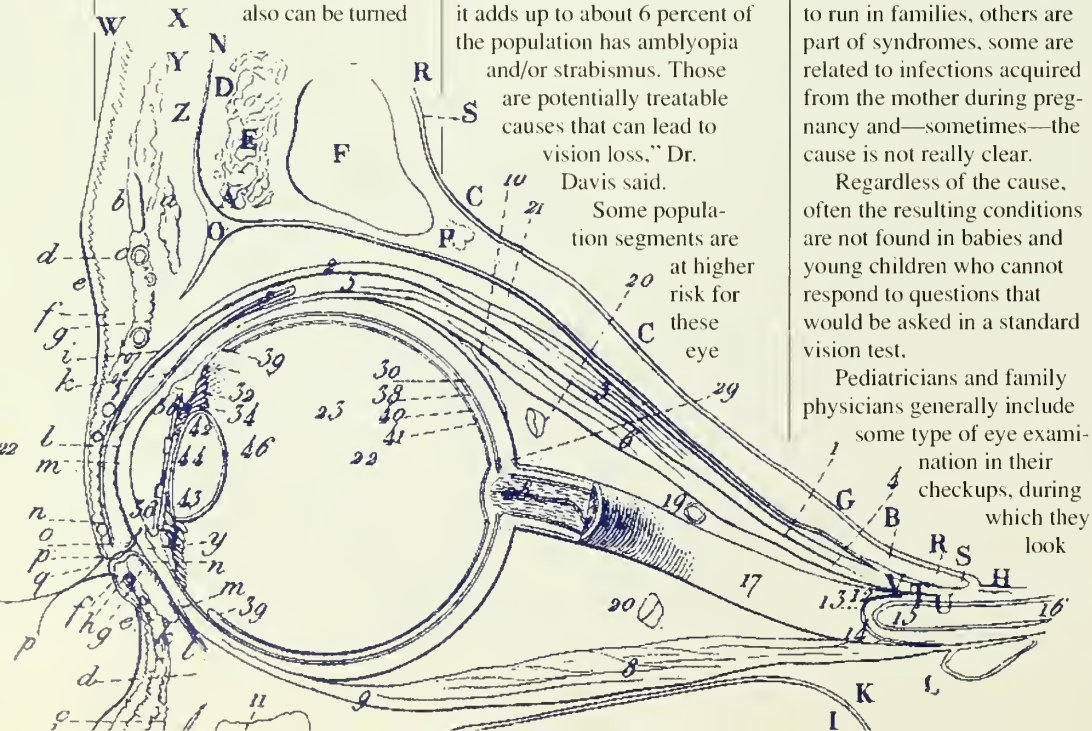
Pediatricians and family physicians generally include some type of eye examination in their checkups, during which they look into the eyes with a light, checking the ocular alignment and whether the eyes have good fixation.

But at this point, there is no standard examination to give children until they get to school.

"It's not that it can't be done, it's just is there a better way to do it," he said.

Dr. Davis has conducted studies and has more planned using a special camera designed to make standard examinations possible for younger children by picking up these problems without the child's active participation.

This camera is designed to produce a red reflection in the eyes that looks much like the less-than-desirable red eyes in pictures taken with some cheaper cameras, Dr.



Davis said.

But this red reflection allows doctors to examine the eye and even to classify the type of problem a child has.

The red reflection is produced when light bounces off the back of the eye. Various eye conditions interfere with that process and so alter the light somehow. For example, if the child has a cataract, the light can't get through the cloudy lens so no red light is produced by the affected eye. If there is a refractive error, reflections from the two eyes won't look the same.

Dr. Davis looked at nearly 100 children, ages 6 months to 5 years. Half the children were white and half were black. About 25 percent of each race group had normal vision. The remaining children had suspected eye problems.

He was exploring whether the camera performed equally well in white and black children. Blacks have darker pigment in their eyes and he wondered if that would affect the reflection from the camera.

Photo studies were taken of all the children and Dr. Davis conducted a complete eye examination on each child without knowing the results of those studies. The photo studies were evaluated by another ophthalmologist who did not know the results of Dr. Davis' ocular examinations.

The study, funded by the Knights Templar Foundation, showed the camera very sensitive at picking up problems in both races.

He next plans to study children ages 6 months to 1 year, focusing on how well the camera picks up problems in this youngest group when the time is ideal to find and fix any serious problem.

Until some sort of national screening program is possible, Dr. Davis recommends that parents take their young children for regular checkups and that they ask their pediatrician or family physician to examine the child's eyes at each checkup. ■

—TONI BAKER

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Up in Smoke

Six-year-old children can match cigarette logo Old Joe the Camel with cigarettes as easily as they match Mickey Mouse with the Disney Channel and the average adolescent thinks Joe is "cool."

These are the findings of Medical College of Georgia studies reported in the Dec. 11 issue of the Journal of the American Medical Association.

In one study, MCG researchers surveyed 229 children, ages 3 to 6 in 10 preschools in Augusta and Atlanta. They found that 91.3 percent of the 6-year-olds correctly matched Old Joe the Camel, the logo for Camel cigarettes, with a picture of a cigarette. An approximate number could match Mickey Mouse with the Disney Channel.

"While cigarette companies claim that they do not intend to market to children, their intentions are irrelevant if advertising impacts what children know," wrote researchers, led by Dr. Paul M. Fischer, associate professor in the MCG Department of Family Medicine.

Other MCG Department of Family Medicine contributors include Dr. John W. Richards Jr., associate clinical professor of family medicine; Dr. Meyer P. Schwartz, assistant clinical professor of family medicine; and Tina H. Rojas, research assistant in family medicine.

"R.J. Reynolds Tobacco Co. is as effective as the Walt Disney Co. in reaching 6-year-old children. Given this fact and the known health consequences of smoking, cigarette advertising may be an important health risk for children," researchers said.

The children in the study played a game in which they were asked to place 22 product logos—including products for adults and children—on a game board featuring 12 products including Mickey Mouse, pizza, hamburgers and automobiles. Thirty percent of the 3-year-olds were able to match Old Joe with cigarettes.

Cigarette logos tested in the study included the Marlboro man, the traditional Camel pyramid and cartoon Camel character Old Joe. None of the tested logos had specific image or word clues that might indicate what kind of product they represented; for example, the Marlboro man was not smoking.

The children's schools were selected in an effort to provide a cross section of race and socioeconomic status. Of the children's parents, 29.3 percent had less than 12 years of education, 53.7 percent had 12 to 16 years of education and 17 percent had more than 16 years of education. Thirty-four percent of the children came from homes where at least one person smokes.

"Cigarette logo recognition rates ranged from 11.4 percent (Camel pyramid) to 30.4 percent (Old Joe) for 3-year-old subjects. This rate increased to between 43.5 percent (Camel pyramid) and 91.3 percent (Old Joe) for children 6 years of age," the researchers wrote.

A U.S. surgeon general's warning—"Quitting Smoking Now Greatly Reduces Serious Risks to Your Health"—was included among the logos and only 23 children, or 10 percent of the study group, paired the warning with a cigarette. "The recognition rate for the warn-

ing in subjects age 3, 4 and 5 was only 8.4 percent, a rate nearly equal to that expected from random guessing," researchers said.

"The children in this study demonstrated high recognition rates of brand logos for products that are targeted to both children and adults. It is no surprise that most children can properly match the McDonald's arches to a hamburger," researchers said. "In contrast, the high recognition rate of cigarette logos may be counterintuitive. After all, cigarette advertising no longer appears on television, and very young children cannot read. Yet, by the age of 6 years, Old Joe is as well recognized as Mickey Mouse. Children's knowledge of cigarette brand logos is most likely the result of their exposure to 'environmental tobacco advertising.'

"Camel and Marlboro brand advertising is ubiquitous, appearing in movies, on billboards, promotional displays at youth-oriented events, on television during sporting events and on 'line extenders' such as T-shirts, posters and caps. In addition to this paid advertising, Camel and Marlboro brand logos appear on video arcade games, children's toys and candy products," the researchers wrote in the JAMA article.

A personal experience motivated Dr. Fischer to study 3- to 6-year-olds, he said. "I was sitting at a restaurant one day with my son who was 2-and-a-half years old at the time. He picked up a soda straw and he pretended to smoke it. He said, 'Daddy, when I grow up I want to be a man. I want to smoke cigarettes and I want to drive fast cars.' For the first time, I was struck by how young that association that the tobacco industry was trying to promote has been made: fast cars, smoking, adulthood.

"Most of the research on tobacco has looked at teenagers because that's the age they start to experiment with cigarettes. But this led me to think that maybe there was learning going on at a much younger age that then was acted out when people became teen-agers," Dr. Fischer said.

"This (study) is enough evidence for me to believe that regardless of intent, advertising does impact 3-year-old kids," he said. "I don't think we need to do any 20-year follow-up studies to find out whether those kids who could match Old Joe the Camel with a cigarette later become smokers. The fact is that at an early age, there are associations being made between images that the tobacco company is trying to sell and that product. That's scary enough. We should do something to keep children from being potentially harmed by this exposure."

He theorizes that the exposure influences future behavior. "We believe that it is quite possible that the associations made by 3- to 6-year-old children between smoking cigarettes and attractive cartoon characters or rugged cowboys may contribute to the decision made a decade later regarding cigarette use. While adults are giving up smoking in record numbers, they are being replaced one for one by teen-age smokers."

The second JAMA article suggests a reason why. The study surveyed high school students and adults in five states and shows that old Joe is more effective at reaching young people than adults and that the majority of adolescents find Joe "cool," "interesting" and someone they'd like to be friends with.

"The first thing it tells me is we have lost another generation of kids to become smokers," said Dr. Richards, co-author of the study. Dr. Joseph R. DiFranza, assistant professor in the University of Massachusetts Department of Family Practice, is lead author of the study.

In the study, teens and adults were shown advertisements used in popular magazines over the three-year period that the Camel cartoon character has been used. One advertisement was masked to hide any direct reference to the product being advertised.

Study participants were shown the masked ad first and asked if they'd seen the Old Joe character; they were then asked to identify the product and brand name of the product associated with Old Joe. Participants then looked at the unmasked ads and were asked to rate their appeal.

"When shown the masked advertisement, the children were much more successful than the adults in identifying the product being advertised (97.5 percent vs. 67 percent) and the Camel brand name (93.6 percent vs. 57.7 percent)," researchers wrote. "This confirms that Old Joe cartoon advertisements are more effective at communicating product and brand-name information to children than adults."

Children also were more likely to think the advertisements were "cool," 58 percent vs. 39.9 percent, or "interesting," 78.6 percent vs. 55.1 percent. Also, more of the children thought Old Joe was "cool," 48 percent vs. 25.7 percent; and wanted to be friends with him, 35 percent vs. 14.4 percent.

"Our study provides further evidence that tobacco advertising promotes and maintains nicotine addiction among children and adolescents," they wrote in the JAMA article.

"I would be happy to see tobacco advertising and promotion made illegal," Dr. Fischer said. "When you look at the countries that have done away with cigarette promotion, for example Canada and Sweden, they have shown marked reduction, not initially in overall smoking rates, but in adoption of smoking by kids."

"Of the factors that people commonly associate with why kids begin smoking, there are very few over which anybody can have a positive influence," Dr. Richards said. "But we can stop advertising and promotion of tobacco products." ■

—TONI BAKER

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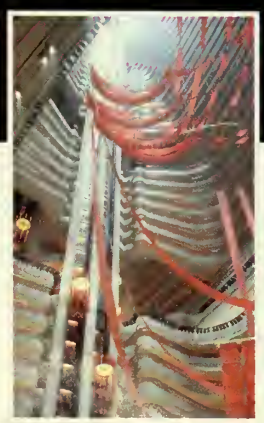

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AlumNews

Dr. Hatcher Dies at 82

Dr. Milford B. Hatcher (School of Medicine '35), former president of the School of Medicine Alumni Association, died Nov. 22. He was 82.

Dr. Hatcher helped initiate MCG's Emeritus Club, open to alumni , residents and interns who graduated 40 or more years ago from MCG.

Dr. Hatcher, a resident and native of Macon, Ga., was a general surgeon in Macon for more than 50 years.

He was a diplomat of the American Board of Surgery, a fellow in the American College of Surgeons, a diplomat and member of the board of directors of the International College of Surgeons, a fellow of the Southeastern Surgical Congress and a member of the board of governors of the Hospital Corporation of America.

He had been president of the Medical Association of Georgia, president of the Georgia Surgical Society, a director of the Georgia Chapter of the American College of Surgeons and was an organizer and first chairman of the Georgia Medical Hospital Council.

Dr. Hatcher was active in MCG alumni activities, committees and organizations. He was one of the founders of the MCG Foundation in 1954 and had served as its president and chairman of the investment committee. An endowed professorship in his honor has been established through the MCG Foundation. ■

Dr. Milford Hatcher (center) shown with his wife, receives Distinguished Alumni Award from Chenault Hailey in 1985.

Alumni Come Through During Phonathons

A School of Allied Health Alumni Association phonathon Oct. 7 resulted in $11,483 pledged to the school. A graduate studies phonathon in October resulted in $2,720 pledged to the school. The School of Nursing Alumni Association raised more than $10,000 during an Oct. 21–23 phonathon. School of Dentistry alumni pledged more than $21,000 during their December phonathon. ■

The Medical College of Georgia will celebrate Homecoming 1992 April 30–May 3. A homecoming brochure will be mailed to alumni in March with details about all events and class reunions.

Call Tammy Berry at 1–800–869–1113 for more information

Class Notes

School of Allied Health Sciences

E. Grace Yrizarry, president of the School of Allied Health Sciences Alumni Association, has been named an Outstanding Young Woman of America for 1991 and is treasurer of the CSRA alumni association of Sigma Kappa Sorority.

Barbara H. Harms (MRA, '70) retired as associate professor emerita from MCG in 1983 and has moved to a retirement community at Mt. Vernon Towers in Sandy Springs, Ga., to be near her children and grandchildren.

Babs Davis McCrory ('81), Thomasville, Ga., is the medical records director at Southwestern State Hospital in Thomasville. She married Chip McCrory April 20, 1991.

School of Dentistry

Dr. Craig Emory Altman ('77) practices general dentistry in Lithia Springs, Ga. He and wife Harryette have two daughters.

Dr. Michael D. Vernon ('77) opened a solo family practice in Augusta in 1988. He and wife Debbie have three children.

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Dr. J. Alex Bell Jr. ('82) practices general dentistry in Bonaire, Ga. He is secretary/treasurer and past president of the Houston County Dental Society. He and wife Sandy have three children.

Dr. Greg Burns ('82) has a general practice in Macon, Ga. He and wife Becky have two children.

Dr. Ronald Cole ('82) and wife Peggy live in Athens, Ga.

Dr. Joe F. Hair Jr. ('82) practices general dentistry in Fitzgerald, Ga. and is assistant clinical professor at MCG. He and wife Diana have a daughter, Joanna, 4.

Dr. Robert Hoff ('82) practices general dentistry in Mableton, Ga. He is married to Carol Haile.

Dr. Robert W. Johnson ('82) is a general dentist in Dawson, Ga. He and wife Kimberly have two children.

Dr. Thomas L. Brooks ('87) practices general dentistry in Ringgold, Ga. He is married to Cathy.

Dr. Thomas K. Leggett ('87), Cairo, Ga., is married to Carol and has a son, Thomas K. Leggett III.

School of Graduate Studies

Robert Benassi (medical illustration, '51) works in medical graphics at the Mayo Clinic in Rochester, Minn.

A. Harry Germagian (medical illustration, '57) is chief of medical media production services at the VA Medical Center in Birmingham, Ala.

Algernon Allen (medical illustration, '58) is professor and director of medical illustration and communication at the Purdue University School of Veterinary Medicine in Lafayette, Ind.

John M. Hutcheson (medical illustration, '58) works at the Mayo Clinic section of medical graphics in Rochester, Minn.

Peter Ng (medical illustration, '61) is director of educational media resources at the University of California in San Francisco.

Judith Mathewson Guenther (medical illustration, '62) works in audiovisual services at the George Washington Medical Center in Washington, D.C.

Dr. Martin Levine (medical illustration, '62) is director of the Albert Einstein College of Medicine audiovisual center in Bronx, N.Y.

George Batik (medical illustration, '63) is manager of biomedical illustration at the University of Louisville Health Science Center in Louisville, Ky.

Dr. Robert C. Emling (medical illustration, '65) is director of educational resources at the University of Pennsylvania School of Dental Medicine in Philadelphia.

William Poinsett (medical illustration, '65) is vice president of marketing for Schad/Borden in Dublin, Ohio.

Milton G. Burroughs (medical illustration, '66) works in medical illustration design and services at MCG in Augusta.

Joel Ito (medical illustration, '66) works at the Oregon Regional Primate Resource Center in Beaverton, Ore.

William Winn (medical illustration, '66) is a medical illustrator for the Scottish Rite Children's Medical Creative Service Department in Atlanta.

Dr. Charles Wood (medical illustration, '66) works for Biomedical Illustrations Inc. in Seattle, Wash.

Dr. J. Paul Bennett (medical illustration, '67) is chief of the NASA/Ames Research Center technical information division in Moffett Field, Calif.

Dr. Ronald G. Bishop (medical illustration, '68) works for Bishop Enterprises in Lubbock, Texas.

Dr. Edwin V. Hoard (medical illustration, '68) is director of the University of Texas School of Nursing Learning Resource Center in Houston.

Carolyn R. Martel (medical illustration, '68) is a medical illustrator/communicator for the University of Oklahoma Health Science Center Department of Radiology in Oklahoma City.

Patsy Bryan (medical illustration, '69) is a medical illustrator for Emory University School of Medicine in Atlanta.

David Mascaro (medical illustration, '69) is associate professor of the medical illustration graduate program at MCG in Augusta.

Donald Biggerstaff (medical illustration, '70) is director of biomedical communications at the SIU School of Medicine in Springfield, Ill.

Karen L. Waldo Watkins (medical illustration, '70) works in medical illustration services at MCG in Augusta.

Lewis J. Hinely (medical illustration, '72) works for the MCG School of Dentistry in Augusta.

George W. Card (medical illustration, '72) works at Medical Art of Nashville in Goodlettsville, Tenn.

Nina B. Bass (MSN, '78), Atlanta, and her husband, Bill, have children Charlotte Anne, 14; Keays, 9; and newborn Tatum Tulane.

School of Medicine

Dr. J. Daniel Hanks Jr. , Rome, Ga., has been named a fellow of the American College of Radiology.

Dr. Harry Hill ('42), Powder Springs, Ga., retired from a surgery practice in 1989. He now is a full-time farmer of cattle and chickens. He is married to Harriet.

Dr. Frank A. Little ('42), Thomasville, Ga, retired from an anesthesiology practice in 1975. He and wife Sarah have three sons and five grandchildren.

Dr. Jefferson E. Morris ('42) is a retired psychiatrist and enjoying his retirement. He and wife Roberta have a daughter, Anne.

Dr. David C. Williams Jr. ('42), Evans, Ga., has a part-time urology practice in Augusta. He and wife Genelda have four children and seven grandchildren.

Dr. H. Wilder Smith ('46) practices primary care medicine at Smith Rural Health Clinic in Swainsboro, Ga. He is semi-retired and his associates include wife Kathryn E. Smith, R.N. and family nurse practitioner; Wilder Smith Jr., P.A.; and Mason Smith, P.A. and pharmacist. Dr. Smith's medical museum and memorabilia is open for viewing Wednesdays from 1-5.

Dr. Harlan M. Starr ('47) is a retired pediatrician in Rome, Ga. He and wife Nancy have three children and three grandchildren.

Dr. Sarah F. Cooley ('52) is retired and enjoying life in Stone Mountain, Ga. She has a grandson, Graham, 1.

Dr. Judson L. Hawk Jr. ('52), Atlanta, is a retired pediatrician and started a new career in foundation work in 1990. He and wife Martha celebrated their 41th anniversary June 15, 1991. They have four children and six grandchildren.

Dr. Albert Dwen Meredith Jr. ('52) practices radiology in Anderson, S.C. He and wife Janie have two children and three grandchildren.

Dr. W.H. Pool Jr. ('52) is a professor emeritus of radiology at MCG. He and his wife have five children and seven grandchildren and one on the way. He "retired last summer ('90.) It's wonderful!"

Dr. David Allen Turner ('52), a psychiatrist in Albany, Ga. "is now semi-retired and working for the state of Georgia, Albany Area Mental Health Clinic. No more hospital work!" He and wife Faye have three children and three grandchildren.

Dr. Aaron Dolinsky ('53), White Plains, N.Y., died Dec. 29, 1990.

Dr. Thomas J. Busey Jr. ('57), Riverdale, Ga., is beginning the 30th year of his urology private practice in the same location (South Atlanta, Clayton and Fayette counties). He was appointed to the Georgia State Medical Board of Examiners (CSBME) in 1984 and named president in 1989.

Dr. Donald Dove ('57) retired in 1983 from a general practice in Grayson, Ga.

Dr. Richard D. Miller ('57), Memphis, Tenn., practices urology in West Memphis, Ark. He and wife Sandra have four children and two grandchildren.

Dr. Ralph A. Tillman ('57), a gynecologist in Lawrenceville, Ga., is "working less and playing more." He is a member of the Medical Association of Georgia, the Gwinnett Forsyth County Medical Society, the American Medical Association, the American College of Gynecologists, the Southern Medical Association and the Georgia OB/GYN Society. He and wife Wilma have four children.

Dr. Robert Wells Jr. ('57), Clearwater, Fla., died Aug. 2, 1991.

Dr. Wiley S. Black ('62) practices general-vascular surgery in Gainesville, Ga. He and wife Judy have daughters Michele and Deanna.

Dr. Dean Lee Holmes ('62), a general practitioner in Milledgeville, Ga., is married to Betty and has three children and five grandchildren.

Dr. Bob G. Lanier ('62) practices rheumatology in Atlanta. He has three children.

Dr. Harold C. Morgan ('62) practices psychiatry in Columbia, S.C.

Dr. Hollis Daniel Sigman ('62) is chief of anesthesiology at Hughston Sports Medicine Hospital in Columbus, Ga. He and wife Pauline have four children. Daughter Jo Anne received her M.D. degree from MCG May 8, 1991. Son Hollis Christopher began his freshman year at MCG in August 1991. Son John Frederick began his freshman year at Presbyterian College in August 1991.

Dr. Patton P. Smith ('62) has been a family practitioner in Forsyth, Ga., for 25 years. He and wife Virginia have three children and a grandchild on the way. His daughter, Lynn, is a junior at Wofford College.

Dr. J. Thomas Sosby ('64) has passed away.

Dr. Ronald Daitch ('67) practices OB/GYN in Augusta and is an assistant clinical faculty member at MCG. He and wife Eileen have four children.

Dr. Edward Frank Durst ('67) practices general surgery in Owatonna, Minn. He and wife Mary have three daughters.

Dr. Matthew T. Howard ('67) practices pediatrics in Augusta and is on the clinical faculty at MCG. He and wife Beverly have two children.

Dr. Jerry W. Howington ('67) practices radiation oncology in Augusta and is an associate clinical professor of radiology at MCG. He and wife Jane have sons Jay, 21, and Jed, 19.

Dr. Robert Michael Kelleher ('67) has a private dermatology practice in Atlanta. His daughter, Maureen, graduated with a B.S. and R.N. degree from Auburn University in 1988. Son Robert graduated cum laude with a B.A. degree from Wake Forest University in May 1991. He has served as secretary/treasurer and president of the Atlanta Dermatological Association and the Georgia Society of Dermatologists and was named a clinical associate professor of dermatology at the Emory University School of Medicine in 1991. He is married to Mary and enjoys snow skiing, tennis and golf.

Dr. Gilbert O. Maulsby ('67) is in private practice of diagnostic radiology in a 15-man group in Columbus, Ga. His special interest is in neuroradiology, angiography, interventional radiology and special imaging, MRI. He has five children; four are through college, and his oldest son is in medical school at MCG.

Dr. Carl Hawkins Naman ('67) is attending surgeon and chief of surgery at Cleveland Memorial Hospital in Shelby, N.C. He is former chief of staff at the hospital. He and wife Cleo have three children.

Dr. Daniel M. Stubbs ('67) is an assistant professor of radiology at MCG and an assistant professor in the MCG School of Allied Health Sciences. He and wife Karen have a son, Eric, 11.

Dr. Theodora Vanderzalm ('67) is an associate professor of radiology at MCG and specializes in pediatric radiology. She is married to Dr. G. Rufus Maloney.

Dr. Samuel E. Wood ('67), chief of radiology at Colleton Regional Hospital in Waltersboro, S.C., is former chairman of the Colleton County Mental Retardation Board. The Retarded Children's Center has been renamed the Samuel E. Wood Center. He is past president of the S.C. Radiological Society; hospital board chairman; former chief of staff at Colleton Regional Hospital; past president of the Coastal Medical Society and a former member of the State Medical Board Disciplinary Commission. He and wife Linda have twin sons Dallas and Michael, 11.

Dr. M. Nesbit Dasher ('72) practices gastrointerology in Augusta. He and wife Ann have four children.

Dr. A.W. Daws ('72) practices general surgery in Hartwell, Ga. He and wife Laura have four children.

Dr. Louis A. Mitchell ('72) practices anesthesiology in Lubbock, Texas. He and wife Carol have three children.

Dr. William P. Pannell ('72) practices general surgery in Cordele, Ga. He and wife Linda have three children.

Dr. John S. Ravita ('72), Florence, S.C., is a clinical assistant professor at the Medical University of South Carolina and is medical director of radiation at the McLeod Reg. Medical Center. He is married to Linda.

Dr. James F. Robinson ('72) practices dermatology in Richmond, Va. He and wife Carolyn have a daughter, Heather Anne, 19.

Dr. Gary L. Smith ('72), chairman of the Department of OB/GYN at Northside Hospital in Atlanta, has children David, 17; Michelle, 15; and Brian, 14.

Dr. Arthur C. Fleischer ('76), Nashville, Tenn., practices radiology and ultrasound at the Vanderbilt University Medical Center and has just published a book titled "Transvaginal Sonography: A Clinical Atlas," Lippincott Publishers.

Dr. Mac Andrew Bowman ('77) practices cardiology in Augusta. He and wife Janice have four children ages 2 to 12.

Dr. Margaret Holloway Fitch ('77) practices dermatology in Aiken, S.C. She and husband Paul have three children.

Dr. Arthur C. Fleischer ('77) is a professor of radiology and associate professor of OB/GYN at Vanderbilt University Medical Center. He and wife Lynn have three children. He has lectured in England, Australia, Switzerland and Denmark and has published several major textbooks, most recently a comprehensive textbook in OB/GYN sonography. He was elected a fellow of the American Institute of Ultrasound in Medicine and the American College of Radiology.

Dr. Larry David Gattis ('77) is a family practitioner in Hawkinsville, Ga. He also is an associate professor at Mercer University in Macon. He is married to Anita.

Dr. George W. Grimes III ('77) is a family practitioner in Milledgeville, Ga. He and wife Cathy have two sons.

Dr. Henry Calvin Jackson Jr. ('77) practices internal medicine in Augusta. He and wife Gail have children Ben, 7, and Cole, 5.

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Specialty Seminars

The School of Dentistry Alumni Association hosted a student specialty seminar Nov. 6 in Augusta (pictured.) The School of Medicine Alumni Association also hosted a specialty seminar Dec. 9 featuring Drs. Paul Thaxton and George Williams, Augusta Db/Gyns.

Alumni Dinner

The School of Nursing Alumni Association sponsored an alumni dinner in Athens Oct. 25. Dr. Arlene Lowenstein discussed "Relationships Between Nurses/Nurse Managers/Nursing Assistants."

"A Dollar a Day"

Dr. Gary Goldstein hosted a School of Dentistry Alumni Association alumni dinner Nov. 15, challenging alumni to "give a dollar a day to MCG."

Allied Health Sciences

Allied Health Alum Pushes Body to Limit

David Waller

Physical therapists know their share about how to stay fit and healthy, and there is no finer example than Tommy Hawk, physical therapy assistant in the Medical College of Georgia Hospital and 1990 graduate of the School of Allied Health Sciences.

Mr. Hawk was recently named Mr. Georgia Middle Weight in the novice category at the Georgia Bodybuilders Championship. The competition was held in Atlanta July 13.

"Even though bodybuilding is my main emphasis, I also incorporate aerobics and stretching into my routine," Mr. Hawk said. "That gives me a total workout and helps me to stay healthy and not just muscular."

Mr. Hawk became interested in weight training during his high school days as a football player. At first it was just to build strength, but gradually he became interested in competing.

In 1988 and 1990, he competed in national power-lifting competitions, but was forced to quit after a back injury made it dangerous for him to continue.

"I really wanted to keep working out, but my back problems made it impossible for me to compete as a power lifter," he said. "That is how I first got interested in bodybuilding."

Making the switch from power lifting to bodybuilding is not as easy as one might think, he said. In power lifting, sheer mass is important with little emphasis on tone. In bodybuilding, the emphasis is on tone and form, according to Mr. Hawk.

"Diet is a lot more important in bodybuilding, too," he said. "I concentrate on getting a high-protein diet with very little fat."

Mr. Hawk has never had any formal bodybuilding training, but rather learned it from friends and watching television. He works out three hours a day at a local gym.

"I'm not sure if I want to ever go professional or not," he said. "I can keep up the routine for a while, but I don't think I want to give up pizza and beer forever."

Mr. Hawk would like to compete in the Georgia Bodybuilding Championships again and even on a national level before he gives up the sport.

Even though countless hours have gone to building this physique, Mr. Hawk doesn't take all the credit. "I think my father has a lot to do with it. Even though I work at it, genetics is a big part of it, too." ■

Grant to Fund Instruction in Philippines

David Waller

Dr. Ricardo C. Carrasco, assistant professor of occupational therapy in the Medical College of Georgia School of Allied Health Sciences, has been awarded a grant to travel to the Philippines to teach recent advances in occupational therapy.

The Transfer of Technology Consultancy Grant from the United Nations Development Programme will fund Dr. Carrasco's instruction to occupational therapists, physical therapy students, public school teachers and faculty at the University of the Philippines.

"This is very important because it will be a major contribution to allied health education and research in that country," Dr. Carrasco said. "The patient will ultimately see the maximum benefits, and that is what we are all striving for."

Topics of the consultation courses will include issues focusing on the practical and academic applications of modern occupational therapy.

"The highlight of the trip will be a keynote speech during the national occupational therapy conference to be held in Manila," Dr. Carrasco said.

The grant was awarded two years ago, but the government of the Philippines has just recently made a formal request for Dr. Carrasco's help.

"There is a need for American therapists to reach out and share our technology with other people of the world," he said. "This is a unique opportunity to help the people of the Philippines." ■

The MCG Student Government Association and the Allied Health Alumni Association sponsored a welcome-back TGIF party for students Sept. 20.

Projects Help Ease Hospital Paperwork

David Waller

The Medical College of Georgia and the Department of Health Information Management in the School of Allied Health Sciences have joined forces to improve the way paperwork moves through the hospital.

The joint effort looks at several facets of the hospital admissions department, according to Carol Campbell, assistant professor of health information management.

The first of the projects involved evaluating the preadmissions process. The process was modified, using flow charts, to make it as efficient as possible.

Another aspect of the program is to develop a system whereby the physician is apprised of the patient's financial health in hopes of minimizing patient costs.

Three other projects now under way involve evaluating the patient registration program and the admitting process and designing a quality management program for the department of admissions.

These efforts not only benefit the hospital but the Department of Health Information Management as well, according to Ms. Campbell.

"Since I normally only see the academic side of things, these programs help me to keep from getting long on theory and short on real life," she said. "I will pass what I learn along to the students."

The relationship between the school and the hospital will ultimately benefit the patient as well, according to Thomas Kelly, associate hospital director.

"It has afforded me the opportunity to be exposed to the most recent management practices," he said. "Having that base to draw from, I can pull out the things that are best for our department and help achieve our goals." ■

Physical Therapy Week Celebrated

The Department of Physical Therapy in the School of Allied Health Sciences at the Medical College of Georgia celebrated National Physical Therapy Week Oct. 7–13.

The event is sponsored annually by the American Physical Therapy Association to promote public understanding of the role of physical therapy in health care. The theme for this year's activities was "Physical Therapy: Pro-Active Health Care."

The week began with Dr. Francis J. Tedesco, MCG president, signing a proclamation declaring Physical Therapy Week at MCG. A display was placed in the Student Center lobby identifying healthy study habits.

A luncheon and physical therapy shirt day, in which students were asked to wear a special tee shirt, capped off the week's events. ■

Valarie Chapman

Ms. Chapman Named to Occupational Therapy Post

Valarie Scott Chapman has been appointed assistant director of occupational therapy for the Medical College of Georgia Hospital and Clinics. Ms. Chapman is a 1980 graduate of the MCG School of Allied Health Sciences.

"In going through O.T. school, I think the clinical setting is where all the classroom teaching comes together and I am very happy to be involved in that aspect of the learning process," Ms. Chapman said. "I see alot of opportunity for personal and departmental growth."

After graduating from MCG, Ms. Chapman was an occupational therapy supervisor at Erlanger Medical Center in Chattanooga and then worked for the Columbia County School System.

Since 1983 she worked at Humana Hospital of Augusta as a staff therapist and then as assistant director of physical medicine. ■

The School of Allied Health Sciences sponsored a reception for students September 26 in honor of Allied Health Week September 22–28.

Dentistry

3 Awarded Fellowships

Two Medical College of Georgia School of Dentistry alumni and a faculty member were recently awarded fellowship in the American College of Dentists.

Dr. Douglas Clepper ('73), a general dentist in private practice in Augusta and a clinical faculty member at the dental school; Dr. Logan Nalley ('78), a prosthodontist also in private practice in Augusta; and Dr. Wallace S. Edwards, associate dean for students, alumni and academic affairs at the Medical College of Georgia School of Dentistry, were awarded fellowship in the college.

The American College of Dentists, organized in 1920, recognizes those who advance the profession and humanity. Its programs include seminars, workshops and studies related to dentistry and its service to the public. Fellowship in the college is by invitation. ■

Dental Students Awarded

Ingrid Heggoy

Several Medical College of Georgia School of Dentistry students received scholarships and awards Sept. 3 at the school's annual Omicron Kappa Upsilon Student-Faculty Assembly.

OKU is an international dental honor society.

Senior dental students Christina Stockstad and Lee Whitesides; juniors Dana Fender, Richard Meaders and James Paschal Jr.; sophomores Lance Huthwaite, Amy Mitchell and Holly Rogers; and freshmen Robert Hooper, William Lacey, James Long and Thomas Mazzuckelli each received a $1,000 Georgia Dental Education Foundation scholarship.

Russell Boyd, Robert Bridges, Nazih Elchahal, James Granade and Denise Hall each received a $1,000 scholarship for entering students sponsored by Dr. Emile T. Fisher.

Seniors John Harrell and Bruce Hester; juniors Jimmy Arnold, Jeff Capes, James Morris and Lisa Young; sophomores Greg Adams, Thomas Gale, Thomas Shelton, Jon Simmons, Garth Smith and Richard Taylor; and freshman Javid Yavari each received a Grover C. Hunter scholarship of $1,000.

The School of Dentistry faculty awarded two $1,000 scholarships to freshman students Mr. Boyd and Mr. Elchahal and a full tuition scholarship to senior Mary Johnson. Senior John Harrell received the $500 Georgia Dental Association Eisenberg Scholarship. Sophomore Adrian Weaver received the $1,000 Georgia Academy of General Dentistry Scholarship.

Senior John Frantz received an Eastern District Dental Society scholarship of $500, and senior Freddie Wakefield received a $300 Dr. Willis J. Walker Jr. scholarship.

Senior Sherry Powell received the second annual Dorothy C. Hearn Memorial Scholarship Award of $1,000. Ms. Hearn was a third-year dental student who died in June 1990. The award was sponsored and presented by her parents, Dr. and Mrs. Carlton W. Hearn of Washington, Ga. The scholarship is given annually to a senior dental student selected by the senior class on the basis of professionalism, empathy and perseverance.

Juniors in the top 10 percent of their class were presented with an OKU certificate of achievement. Recipients were Mr. Fender, Mr. Paschal, Mr. Capes, Mr. Morris, Whitney Troope, Ms. Young, Barbara Marshall, Mr. Arnold and Frank Scarbrough.

Dr. John Freihaut, chairman of the Georgia Dental Association Ethics Committee, was the speaker for the assembly. He discussed ethics in dentistry. ■

Equipment Offers Glimpse Into Dentistry's Past

Ingrid Heggoy

Some of the pieces of dental equipment prove so far to be a mystery to Dr. Earl Williams, director of community dentistry, and Ed Forde, professor of educational development at the Medical College of Georgia School of Dentistry. But then again, dental instruments have changed since the 1880s.

Dr. Williams and Mr. Forde, along with several other School of Dentistry faculty members, are helping the Augusta-Richmond County Museum identify a large

The School of Dentistry Alumni Association Board of Directors meets quarterly with the Student/Alumni Council to discuss student needs and student/alumni activities.

assortment of dental equipment, much of which dates to the 1880s. The equipment was donated to the museum by the family of Dr. Walter Badger, who was a dentist at the Department of Veterans Affairs Medical Center in Augusta until his retirement 16 years ago.

The instruments belonged to Dr. Badger and his father, Dr. Augustine Badger, an 1889 graduate of the Baltimore College of Dental Surgery, the first dental school in the world.

"A lot of the pieces, particularly the surgical instruments, haven't changed that much, and some of them really show the progression of dentistry," Dr. Williams said. "But some of these tools are pieces we aren't exactly sure of."

"Between the instruments of the father and the son, this equipment represents about 100 years of dentistry," Mr. Forde said.

Unusual devices include a dentine obtunder, which was used to desensitize tooth pulp and dentin before local anesthesia was available. It numbed the tooth by blasting the pulp with hot air, which caused it to separate from the nerves, according to the still-intact package instructions.

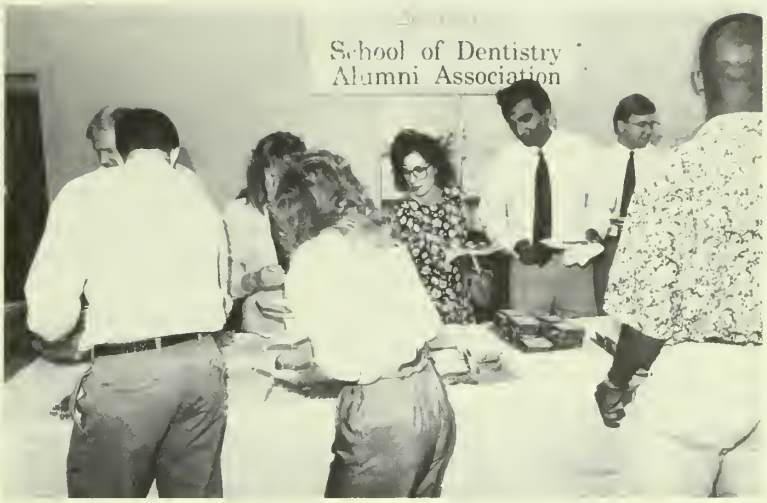
"I think the portable headrest, which would allow the dentist to treat patients in any chair, and the dental burrs are the most interesting things we've run across so far," Dr. Williams said.

"Burrs are used for preparing a tooth for filling, so they have to be able to penetrate the very hard tooth enamel. Today they're made of diamond or carbide, extremely hard materials. These burrs are made of stainless steel, and would have dulled very quickly. And they would have been attached to a belt-driven foot pedal, very slow in comparison to what we use today."

The instruments represent a variety of dental subspecialties, including dental surgery, restorative dentistry, periodontics and endodontics. Also included is a variety of laboratory equipment modern dentists no longer use.

"Before the turn of the century, dentists would have had to do all of their own laboratory work, which today would be sent off to a dental lab," Dr. Williams said. "So included in this equipment is a wide variety of bunsen burners and many other instruments we don't use today."

The museum plans to feature the instruments in a dental exhibition, which they hope will be on display in the new building when the museum moves. ■



The School of Dentistry Alumni Association sponsored a welcome-back luncheon for students September 5.

Dr. Dickinson Joins Faculty

Dr. Gene Dickinson has joined the Department of Restorative Dentistry at the Medical College of Georgia School of Dentistry as an assistant professor.

He comes to MCG from the West Virginia School of Dentistry, where he had been an assistant professor in the Department of Operative Dentistry since 1988.

Dr. Dickinson is interested in clinical and laboratory research in dental biomaterials, including composite resin materials, sealants and dentin bonding agents.

Dr. Dickinson received a master of science degree in clinical research dental biomaterials from the University of Alabama at Birmingham School of Dentistry; a doctor of dental surgery degree from the University of Tennessee College of Dentistry in Memphis; and completed undergraduate work at Middle Tennessee State University in Murfreesboro and the University of Tennessee in Knoxville. ■

From the Dean

David R. Myers, D.D.S.

If you have been watching TV or reading the newspaper lately, I'm sure you are aware that our state is experiencing a budget problem. This revenue shortfall is having a significant impact on higher education in Georgia, and the School of Dentistry is not immune.

The school's annual operating budget recently has been reduced by about 7.5 percent. The immediate effect is the loss of 21 faculty and staff positions along with a significant reduction in the funds available to support equipment purchases, travel and supplies. In addition to the budget reduction, the school has been under a hiring freeze since mid-July. The result is faculty and staff imbalances and some difficulty with program operations.

As the school was evolving in the late 1960s and through the 1970s, it enjoyed generous financial support from state and federal funding. However, in recent years, federal funding for dental education has virtually been eliminated and state support has reached a plateau and is now declining. We are not alone. Many dental schools across the country are facing similar financial situations. Five institutions including Georgia's Emory University have elected to close their schools of dentistry. This is an unfortunate loss for society and the dental profession.

The MCG School of Dentistry is the only school of dentistry in the state with a population of more than 6.5 million people. For nearly 25 years, the faculty and staff of the school have worked diligently to graduate well-educated dentists and improve the oral health of society through basic and clinical research.

The school will make the necessary changes to adapt to the current financial reality as we consolidate our activities and seek to become a more efficient and productive resource for the state of Georgia. More than ever before, the School of Dentistry needs the active support of its alumni and friends as we work to provide a superior dental education for our students and quality care for our patients and contribute to improving the dental health of society through our research efforts. ■

Graduate Studies

Greenblatt Lecture Held Nov. 1

Dr. David O. Toft, a Gordon H. and Violet Bartels professor of cellular biology at the Mayo Medical School in Rochester, Minn., was the guest lecturer at the Medical College of Georgia's 13th annual Robert B. Greenblatt Lectureship Nov. 1.

Dr. Toft discussed "Composition, Assembly and Activation of the Progesterone Receptor: The Role of Heat Shock Proteins."

Dr. Toft, who earned a Ph.D. in cell biology from the University of Illinois in 1967, completed a postdoctoral National Institutes of Health fellowship at the University of Wisconsin in 1968. He joined the Vanderbilt University School of Medicine as an assistant professor of obstetrics and gynecology in 1969 and joined the Mayo Medical School in 1973 as associate professor of biochemistry. He was named professor in 1980 and a Gordon H. and Violet Bartels professor of cellular biology in 1991.

Dr. Toft serves on the editorial boards of the journal Steroid Biochemistry and Molecular Endocrinology. He served on the National Institutes of Health Study Section on Biochemical Endocrinology from 1979 to 1983. Dr. Toft is a member of the American Society of Cell Biology, Sigma Xi, the Endocrine Society, the Society of Biological Chemists, the American Association for the Advancement of Science and the Society for the Study of Reproduction.

The lectureship, sponsored by the Medical College of Georgia Department of Endocrinology, honors Dr. Greenblatt, chairman of endocrinology at MCG from 1946 until his retirement in 1974. Dr. Greenblatt, whose research laid the groundwork for fertility drugs and birth control pills, died in 1988. ■

News of Alumni from the Medical Illustration Graduate Program

Octavia Garlington, '61

Around 65 MCG medical illustration alumni got together for their traditional "Georgia Night" in late August, during the annual meeting of the Association of Medical Illustrators in New Orleans. The group took the opportunity to honor Bill Stenstrom, who retired in July as chairman of the MCG Department of Medical Illustration.

At the same national meeting, three alumni were elected to the board of governors: Charles Boyter ('74), Kevin Somerville ('80) and Bill Winn ('66). Also, Mark Eppinger ('72) became a fellow of the association, and David Fisher ('90) was elected to active membership. Six alumni were award winners in the national salon of medical illustrations displayed during the convention, including Steve Harrison ('70), who has just joined the MCG faculty. Of a more personal note, Allison Lucas ('90) and Gene Wright ('90) became engaged on the train traveling to the New Orleans meeting!

Roger Poston ('72) recently was named director of audiovisual resources at Bowman Gray School of Medicine in Winston-Salem, N.C. Emily Craig ('76) has left the Hughston Clinic in Columbus, Ga., to study forensic physical anthropology at the University of Tennessee in Knoxville. Danny Nichols ('91) has joined Carolyn Mercer Capers ('85) at the Hughston Clinic.

Four medical illustration alumni who went on to medical school have recently been located: Patty Barry ('77) and her husband moved this year from Connecticut to Green Bay, Wis. Don Conway is practicing in Pennsylvania; Diane Armao is in a pathology residency in Albuquerque, N.M., and Eileen Natuzzi, who was in medical school on the island of Granada during the U.S. invasion, graduated from Georgetown University School of Medicine and now is a surgical resident at the University of California/San Francisco. Cynthia Abbott ('90) is in medical school at the University of Louisville.

Both Mary Beth Danielak ('85) and Susan Tanner ('89), who left their positions at the King Faisal Hospital and Research Center in Riyadh, Saudi Arabia, just before war broke out, decided to remain in the United States. Mary Beth is in Connecticut, Susan in North Carolina. Another alumna, Robin Markovits Jensen, was at Clark Field in the Philippines when Mount Pinatubo erupted. She has returned to the states and lives in Winter Park, Fla. ■

Dr. Leibach Named Chairman

Toni Baker

Dr. Frederick H. Leibach, professor and interim chairman of the Medical College of Georgia Department of Biochemistry and Molecular Biology, has been named chairman of the department.

Dr. Frederick H. Leibach

Dr. Leibach has served as interim chairman since January 1991 when two departments, the Department of Biochemistry and Molecular Biology and the Department of Immunology and Microbiology, were created from the former Department of Cell and Molecular Biology.

"Dr. Leibach enjoys the good will of his colleagues on campus as well as a national reputation in his field," said Dr. Gregory L. Eastwood, dean of the MCG School of Medicine.

The new chairman plans to build on the already strong research component of his department. The study of normal and abnormal hemoglobin, a portion of the red blood cell that carries oxygen, has long been a major research focus of the department.

Dr. Leibach's own research has centered on the plasma membrane of cells, primarily in the areas of the small intestines and kidneys, looking at how food and drugs are distributed to the body and how long they stay in the body.

Gene therapy also is a growing area in research and patient care and will be a focus of his MCG department.

"I think for us to be successful and to raise the level of biomedical research, we need much more interaction between the basic sciences and clinical departments," Dr. Leibach said. Such interaction already has begun, with joint study projects under discussion between the Department of Biochemistry and Molecular

Biology and the MCG Department of Medicine, as an example.

Dr. Leibach earned his Ph.D. in biochemistry from Emory University in 1964, then completed a postdoctoral research fellowship at the National Aeronautics and Space Administration's Ames Research Center in California until 1967.

He then joined the MCG faculty as an assistant professor, was promoted to associate professor in 1973 and to full professor in 1979. He spent five months in 1977 as a guest professor at the University of Wurzburg, West Germany, in the North Atlantic Treaty Organization's Senior Scientists Program. Dr. Leibach served as vice chairman of the Department of Cell and Molecular Biology from 1979 to 1984. ■

Alumnus Taking Family Business to New Heights

Christine Hurley Deriso

Dr. Jan Scholer never really planned to pursue the family business. But the site where he'd spent many hours of his youth tinkering around and working part-time left an indelible mark, and he eventually found his way back to it.

It's not your typical family business. Dr. Scholer's father, an endocrinologist, moved the family from their native Holland to Augusta when he was invited to work with Dr. Robert B. Greenblatt, the now-deceased founder of the Medical College of Georgia endocrinology department. The year was 1968 and the endocrinologist's son, Jan, was 14.

"My father worked at MCG from 1968 to 1972, and in 1972, he set up a lab for Dr. Greenblatt's office," Dr. Scholer said. The lab specialized in measuring hormone levels, information that can pinpoint causes of infertility.

Dr. Scholer helped his father in the lab throughout his undergraduate years as a biology major at Augusta College, then as a Ph.D. student at MCG.

"We did work for physicians really all around the country, because nobody was doing work in hormone assays," Dr. Scholer said of the lab. "It was really pretty specialized. Today, most clinical labs can do it."

He graduated in 1980 from the MCG School of Graduate Studies Department of Anatomy. He then completed a fellowship at the University of Rochester's Center for Brain Research in New York, where he researched the role of the hypothalamus regarding reproductivity. After the fellowship, he worked for two years as an assistant professor of anatomy at the Louisiana State University Medical School.

"At that point, my father was getting ready to retire, so I came back to Augusta," he said. He assumed the helm at the lab (now called Augusta Laboratory, Inc.) and has been pushing the family business to new heights ever since.

"Essentially, we became a full-service lab at that time," he said. Along with hormone assays, Dr. Scholer established an in-vitro fertilization laboratory, in which eggs are fertilized in test tubes.

"This was right at the infancy of IVF," he said. "I had eight babies born through the lab." The obstetrician with whom he worked has since incorporated the service into his practice.

Dr. Scholer also developed an alpha feto protein assay that detects neural tube defects in fetuses. "Our lab was the first in Georgia to do the test, long before it was recommended," Dr. Scholer said.

Other new additions to the lab included pathology, clinical chemistry and hematology services. And five years ago, Dr. Scholer began testing urine samples for Augusta industries trying to purge their work force of drug abusers. That service has mushroomed beyond all his expectations. He bought a second laboratory in Columbia County two years ago to accommodate all the business. His lab not only does an initial drug screening, but then follows up with a confirmation test, called gas chromatography mass spectrometry. "When we started getting a lot of requests for drug screenings, I thought we needed to be able to do the confirmation testing in-house," he said. He hired an analytical chemist to confirm test results, and his is the only private laboratory in Augusta with the capability.

The confirmation process and refined drug-testing capabilities have led to highly accurate results. "When drug-testing technology first came out, there were quite a few compounds that interfered with test results," Dr. Scholer said. "Now, there are very few. I don't think we've ever had a false positive leave the laboratory."

He also has hired a Ph.D. to help companies develop drug-abuse policies, a natural evolution of the burgeoning business. "We've had to get involved in referral for treatment centers," he said. "We educate supervisors and employees, help develop drug-abuse policies, help identify in-house and outside rehabilitation sources.... Just getting all that information together has been a lot of work to set up."

Dr. Scholer and his brother also developed a random-screening program on the computer. "Computers are sort of my hobby," he said.

He is in the process of applying for certification from the National Institute of Drug Abuse, which will enable the lab to obtain federal business. "We're looking to grow a lot more," he said. "If we get the certification, things should really take off."

Not that Dr. Scholer is in desperate need of more business to keep him busy. "When I first opened the (Columbia County) lab, I worked until midnight every night for the first six months," he said. "But I love it. My wife says I can't retire. I usually get bored by Sunday afternoon."

When he isn't busy with work or his four children, ages 4 to 11, Dr. Scholer is making his mark as president of the MCG School of Graduate Studies Alumni Association. As president, he's anxious to establish a strong link with students, the school's future alumni. And he enjoys working with his fellow alumni. "It's a special group of people," he said. "I got involved with the alumni association when I moved back to Augusta, and I've been with it ever since." ■

Dr. Jasper Lewis ('66) the first graduate of MCG's Ph.D. program, and Dr. Lowell Greenbaum (right) were among the 200-plus attendees of a Sept. 27 alumni/faculty/student fish fry at the Old Medical College sponsored by the Graduate Studies Alumni Association.

Dr. Joseph P. Bailey Jr.

Internal-Medicine Society Honors Alum

Dr. Joseph P. Bailey Jr. ('55), chief of rheumatology at the Medical College of Georgia, recently received a special-recognition award from the American Society of Internal Medicine.

The society represents more than 25,000 internists nationwide and was founded in 1956 to promote the optimal delivery of cost-effective, high-quality medical care. In presenting the award to Dr. Bailey, the society commended him for exposing the "hassle factor" doctors experience when dealing with Medicare.

In 1990, Dr. Bailey presented the recommendations of the Medical Association of Georgia on "Health Care for Georgia's Elderly: Fair Payment for Medicare Services" to the U.S. House Subcommittee on Health and the Environment during a special hearing in Atlanta. His work helped influence the Health Care Financing Administration not to renew the state's contract with a for-profit medical claims review company in Georgia which was criticized for overly scrutinizing, sometimes rejecting and routinely reimbursing Medicare patients at a lower rate.

Dr. Bailey has been named outstanding teacher by three MCG School of Medicine senior classes. He is past president of the Medical Association of Georgia, the Georgia Rheumatism Association and the Richmond County Medical Society. He is a founding fellow of the American College of Rheumatology (formerly the American Rheumatism Association.) He is a member of the Medical Association of Georgia Board of Directors and received the organization's distinguished-service award in 1990. He is an alternate delegate to the American Medical Association and is one of only two to receive honorary membership in the DeKalb Medical Society. ■

Dr. Gearhart Named Johns Hopkins Pediatric Urology Chief

Dr. John P. Gearhart, a former Medical College of Georgia intern and resident, has been named director of pediatric urology at the Johns Hopkins School of Medicine.

Dr. Gearhart, associate professor of pediatric urology at Johns Hopkins' James Buchanan Brady Urological Institute and associate professor of pediatrics at the Johns Hopkins Children's Center, had served as assistant director of the division since 1988.

His research interests include investigating causes of birth defects that obstruct the kidneys and bladder during fetal life and infancy, a condition called hydronephrosis. Also, he has used computers to investigate the malignancy of cells found in tumors of children's kidneys or pelvis by examining the shape of a cell's nucleus. He also has investigated the causes of defects of the external genitalia.

Dr. Gearhart earned a bachelor's degree from Morehead State University in Kentucky in 1971 and a medical degree from the University of Louisville School of Medicine in Kentucky in 1975. He served a surgical internship and residency and a urology residency at MCG from 1975 to 1980.

He trained in pediatric urology at the Adley Hey Children's Hospital at the University of Liverpool School of Medicine in England from 1980 to 1981 and at Johns Hopkins from 1984 to 1985.

Dr. Gearhart is a member of the American Urological Association, the American College of Surgeons, the American Academy of Pediatrics, the Society of Pediatric Urology, the British Association of Urological Surgeons, the European Society of Pediatric Urology and the Maryland Urological Association. He is a founding member of the Society of Reconstructive Genitourinary Surgeons.

He also is a consultant for the National Naval Medicine Center, the Walter Reed U.S. Army Hospital and the University of Maryland Medical Center. He has authored more than 55 peer-reviewed articles and 11 book chapters. ■

Alum's 100-Year-Old Letter Warns Against Smoking

Editor's note: Medical school alumnus Dr. Arthur C. Davidson (class of 1877) wrote the following letter in 1891 to a Georgia legislator who proposed legislation to outlaw cigarette smoking. The letter is in response to the legislator's request for medical data quantifying the health risks of smoking. The letter was published in the Crawfordville Democrat, Crawfordville, Ga., Aug. 15, 1891. The author's great-grandson, School of Medicine alumnus Dr. Walter E. Brown, an emergency-medicine physician in Nashville, Tenn., found the letter in his family archives and shared it with *Alumi News.*

Sharon, Ga., July 30, 1891
Hon. W.A. Sinquefield
House of Representatives
Atlanta, Georgia

Dear Sir:

Your letter of the 28th, Inst., came duly to hand and was read with much interest. In reply as a matter of course I cannot in so short a communication write in particular of all the deleterious effects the habit of smoking cigarettes produces in the human body.

The practice of smoking cigarettes produces effects varied and multitudinous, and, I might add, in many instances disastrous to the well-being of the smoker.

When we take into consideration the number of chemical substances, poisonous and otherwise, which a man draws into his mouth, throat and lungs, and receives into his blood through his lungs, when he smokes a cigar or cigarette, we are not astonished at the many diseased conditions brought about in his system if he persists in the baneful practice.

When a person smokes a cigar or cigarette, he inhales into his system in the smoke, besides water in a state of vapor, free carbon diffused in minute particles, some ammonias in a state of vapor, carbonic acid and carbonic oxide, each in a state of gas, and an oily-like substance called nicotine.

This last substance, which is a deadly poison, is a complex body. In it has been found pyridine, picoline, lutidine, collodine, coridine, rubidine, and viridine!

The effects of these substances upon the human system are called by medical men primary and secondary by way of distinction, but the secondary effects are the more disastrous. The secondary effects of cigarette smoking are manifest in two classes of diseased conditions: viz., functional disorders or derangements, and pathologic or textural lesions wrought in one or more of the vital organs by the continued and constant presence of one or more of the above mentioned poisons peculiar to cigarette smoke.

Of the former class may be mentioned impairment of the digestive powers of the stomach, deranged action of the heart, disordered respiratory functions, general neurasthenia or nervous prostration, and greatly impaired activity of the brain.

The later class, and by far the more serious, are diseased conditions in which, or changes have taken place in, one or more of the organs of digestion, assimilation, secretion and excretion, or in other portions of the system.

That condition of the heart called by Dr. R(?).W. Richardson "broken heart," a condition in which the heart is entirely broken down, tired out, and ready to quit work at any time, so that its owner is liable to fall dead at any exertion, is a frequent result of excessive cigarette smoking.

Cancer of the lips, tongue, or throat, is an occasional result of cigar or cigarette smoking. More especially is this the case if the smoker is of a cancerous diotaesis, or inherits a tendency to have cancer.

I believe some of the most incurable and fatal diseases of the liver are produced by excessive use of tobacco. I will mention only one, interstitial hepatitis and its consequent result, cirrhosis of the liver. I am sure that a frequent cause of jaundice is excessive use of tobacco, more especially is this the result of cigar and cigarette smoking.

I am not sure but that some of the most intractable diseases of the kidneys may be traced back to an inordinate indulgence in tobacco as a remote cause of their genesis and development. I am well satisfied that parenchimatous nephritis, or what is commonly known as Bright's disease, is a direct result of impaired digestion and assimilation and that this latter trouble is not infrequently the result of the use of tobacco, and of cigar and cigarette smoking.

However, of all the organs of the human body which suffer in their functions and texture by the excessive and even moderate indulgence in the practice of cigar or cigarette smoking, there is none more exposed, and none more frequently involved and deranged and disordered in its function and texture than the brain.

Upon this alone a considerable treatise might be written. It is sufficient to state here that no boy who indulges in the practice of habitually smoking cigarettes can expect to attain to proficiency in anything. Indeed, he will have no desire to attain to anything. His sensibilities and ambitions will have become so weakened, impaired, repressed, blunted, that he will be satisfied at any thing—even to be a drone in the great hive of human workers!

Mental imbecility seems bad enough, but this is not the worst effect this deplorable practice produces in the brain. Insanity in all its various phases and degrees of development, mania, melancholia, dementia idiocy and such finds, not infrequently, its origin in the practice of cigarette smoking.

Suicidal mania is not infrequently the result of this practice.

Vertigo, the confusion of vision, and the ringing in the ears accompanied by symptoms of giddiness and unsteadiness, is another result of the practice of smoking cigars and cigarettes.

As stated in the outset, it is impossible for me to particularize with regard to all the deleterious effects of cigarette smoking. I will conclude by saying emphatically that the practice of cigarette smoking is an evil only, and that continually, and ought to be prohibited by enactment of proper and suitable laws prohibiting their manufacture and sale.

I have not read the full text of your bill, but I do hope it will speedily became a law; and, when you shall have destroyed this little evil, I trust you will give your best effort and the weight of your influence to the uprooting of the great, the monster, evil of this age—the manufacture and sale of alcoholic liquors, besides which the cigarette evil, the concealed weapon evil resulting from unjust tariff laws, the railroad transportation evil, the evil resulting from our present financial system, and every other evil extant, pale into insignificance.

Thanking you for your kind references, I am, with much respect.

Yours Truly,
Arthur C. Davidson, M.D. ■

Dr. John Hardin (right), chairman of medicine at MCG, was the guest speaker at the School of Medicine Alumni Association Gainesville Regional Dinner Oct. 10. (Also pictured: Dr. Samuel Goodrich, left, and Dr. Gregory Eastwood.)

Dr. Savage, '25, Dies at 91

Dr. Carl Preston Savage ('25), Montezuma, Ga., died Sept. 5 at age 91.

Dr. Savage, a native of Duplin County, North Carolina, moved to Montezuma shortly after graduating from medical school. He was a partner in establishing two Montezuma hospitals and built his own private hospital (now called Flint River Community Hospital) in 1938.

His medical career included delivering more than 5,400 babies, inventing side rails for hospital beds (he later sold the patent to the Simmons mattress firm) and leading the effort to get Montezuma's water supply fluoridated.

Dr. Savage was a past president of the Third District Medical Society. He also was on the State Board of Medical Examiners for six years, serving as president for two of those years and representing Georgia for two of those years on the National Board of Medical Examiners.

He also was mayor of Montezuma for eight years after serving for 21 years on the city council, and served in the state legislature for four years. As mayor, he spearheaded construc-

Alumni Dinner

The School of Medicine Alumni Association hosted an alumni reception and dinner (left) Nov. 17 in Atlanta.

Freshman Brunch

Medical school freshmen were treated to a brunch (bottom) Aug. 23 at the Old Medical College by the school's alumni association.

tion of an airport now named in his honor, had the water system modernized and had a sewage disposal plant built. He was the first president of the Montezuma Chamber of Commerce, and, as president of the Montezuma Kiwanis Club, appointed the three-man committee that founded Southern Frozen Foods to provide jobs for returning servicemen from World War II.

He served on the Board of Deacons of the First Baptist Church of Montezuma for many years, was chairman of the church's board and chaired the building committee that added the educational annex to the church.

Dr. Savage was a World War I veteran. Survivors include his wife, Josie Bodeker Shea Savage, a daughter, a son, 14 grandchildren and 16 great-grandchildren. ■

Capsule of Class of '52

Editor's Note: The following are tidbits of information about the School of Medicine class of 1952, which will celebrate its 40th reunion this spring during homecoming. The information was compiled by class chairman Dr. Gordon W. Jackson.

—Most of the class members were veterans of World War II and older than previous first-year students.

—By graduation, 75 percent of the class was married with a total of more than 25 children.

—The graduating class, the largest ever, numbered 73.

—Class reunions included: three years, in Augusta; 10 years, in Savannah; 20 years, in Macon; 25 years, in Augusta; 30 years, in Augusta.

—The class began a memorial fund seven years ago. A plaque with the names and dates of each deceased member was placed in the MCG Alumni Center. The class sends flowers for each funeral.

—Class members have served as educators, medical school department chairmen, directors of hospitals and residency programs, life members of the Alumni Association, MCG President's Club members and members of Congress. ■

Dr. Rutlen Named Chief of Cardiology

Toni Baker

Dr. David Lee Rutlen, associate professor of medicine at Yale University School of Medicine and a cardiologist extensively involved in patient care and research, has been named chief of the Medical College of Georgia Section of Cardiology.

Dr. Rutlen's research has been aimed at better understanding the mechanisms which regulate the blood's circulation to the heart and body. His research goal ultimately is improved treatment for patients with conditions such as heart failure and heart attack.

He is a 1973 graduate of Harvard Medical School. Dr. Rutlen completed his postgraduate training at Harvard teaching hospitals in Boston, two years in medicine at Peter Bent Brigham Hospital (now Brigham and Women's Hospital), followed by two years in cardiology at Massachusetts General Hospital. He was appointed an instructor at the Harvard Medical School in 1977.

In 1978, Dr. Rutlen was named assistant professor of medicine at Yale University and was promoted to associate professor in 1983. He took a one-year sabbatical at the Institute for Experimental Medical Research at the University of Oslo, Norway in 1987.

He is a fellow of the American Heart Association's Council on Clinical Cardiology and the AHA Council on Circulation. He is a member of the Paul Dudley White Society, the American Federation for Clinical Research and the American Physiology Society. ■

The School of Medicine Alumni Association planning committee met Aug. 23 in Augusta.

Alumni Association 1992 Calendar

January 23
Alumni association Augusta/North Augusta dinner

February 6
Alumni association Rome regional dinner

February 27
Macon Regional Dinner

March 18
Alumni association Match Day Mixer

March 20
Alumni association alumni/faculty reception

March 26
Alumni association Albany regional dinner

March 27
Alumni association reception for sophomores and juniors

April 11–18
Alumni association luncheon during Tennessee Medical Association annual meeting

April 16
Alumni association Savannah regional dinner

Dr. Joan Pritzker

Alumna's Enthusiasm Marks Every Step of Career

Christine Hurley Deriso

When Dr. Joan Pritzker hung her shingle in Savannah, Ga., in 1988 to begin a private practice as a psychotherapist, she knew she was in for a huge challenge.

But she wasn't daunted. So what else is new, she reasoned.

Dr. Pritzker, a Providence, R.I., native, has always loved scaling the next mountain. And if a mountain doesn't present itself, she seeks one out.

"I have a tendency to overdo," she said, laughing lightly.

She carried that enthusiasm to the Medical College of Georgia when she began earning her master's degree in mental-health nursing. That in itself was a considerable challenge; she and her husband were raising two young children in Savannah, so she had to commute and juggle responsibilities at home to work everything in. But she loved it. "I love being a student," she said. "I've always gone back to school at the drop of a hat."

She especially loved the field she'd chosen. As a child, Dr. Pritzker wanted to be a veterinarian. Although that ambition faded, her love of health care never did. She threw herself into her studies, specializing in working with female cancer patients. "I really wanted to focus on what helped women adapt to a cancer diagnosis," she said. She researched the variables that aided the adaptation of losing a breast to cancer.

"Mostly, I found that a support system and meeting informational needs was really high on the list (of what helped women adapt)," she said. "As one patient I worked with put it, getting cancer is like going to a foreign country where you don't speak the language. Women really want to understand what is happening to them."

She found her work particularly stimulating because of the support of the nursing school, she said. "I really feel that what I learned at MCG was very in-depth and worthwhile. The department has a really supportive atmosphere and promotes independent learning."

After graduating summa cum laude from MCG in 1982, she enrolled in the University of Georgia's health professions education doctoral program. There, based on her work at MCG, she developed an eight-week psycho-educational program for female cancer patients. The group sessions included information about cancer therapy, diet, nutrition, and means of support while battling the disease. She used the work for her doctoral dissertation and to lay the groundwork for the private practice she established after graduating in 1988.

Dr. Pritzker set up shop at the opposite end of her dermatologist husband's office building. "It's kind of nice passing him in the hall," she said, "but that's about as much as we see each other at work. We're both pretty busy."

To establish her practice, she has seized every opportunity to conduct workshops or guest lecture on her areas of expertise: oncology counseling, relationship counseling and sex therapy.

The latter proved to be a natural evolutionary step after working with cancer patients. "I really didn't start out as a sex therapist, but in working with so many women cancer patients, I stumbled onto a lot of sexual issues," she said. "When you lose your breast, for instance, you lose a part of yourself. That in itself is a sexual issue."

Dealing with other people's problems helps her keep her own in perspective, she said. "Sometimes it makes you feel as if, here I am complaining about something minor and these people have really big problems to deal with. It makes you very aware of how well things are going."

And her life, she reports, is going exceedingly well. In 1990, she was named the Savannah Business and Professional Women's Organization's woman of the year. The next year, she was one of four women to win the honor statewide. Her son, 21, may be the next MCG alumnus; he's applied to medical school. Her daughter, 20, is studying business at Tulane University. And when Dr. Pritzker isn't busy with her practice, she and her husband jog. She also swims a mile and a half a day and bicycles. "I'm training right now for a triathlon." ■

93 Percent Pass Nurses' Licensure Test

Ninety-three percent of Medical College of Georgia nursing students passed a national licensure test given recently in Georgia.

A hundred and thirty-four MCG students took the National Council Licensure Examination for Registered Nurses, and all but one were first-time takers, according to Dr. Betty Pond, acting associate dean of undergraduate programs for the School of Nursing. A hundred and twenty-three of those took the test in Georgia. Results for those who took the test elsewhere are not yet available. ■

Ms. Harris Named Scholarship Recipient

Gail Harris, a senior in the Medical College of Georgia School of Nursing, has been named the 1991 recipient of the Betty Golden Scholarship.

The scholarship was established this year in honor of Betty Golden, who retired in March as associate director for patient care at the MCG Hospital. Ms. Golden, the first graduate of MCG's master's program in nursing, began her nursing career at MCG in 1961 as a staff nurse and was named the hospital's director of nursing in 1971.

One scholarship will be awarded each spring to a rising senior who has exhibited leadership potential and a link with the MCG Hospital nursing department. Ms. Golden and the School of Nursing administration will choose the recipients.

"Ms. Harris has a long-term relationship with MCG," said Kay Broman, Ms. Golden's successor as associate director for patient care. "She began as a secretary in the nursing department and is now completing her bachelor's degree. Needless to say, she is an honor student and we are very proud of her."

This year's scholarship is

$3,000, but the fund will grow based on donations, Ms. Broman said. Anyone interested in contributing may contact her at (404) 721–3300. ■

SONAT Opens New Facility

Ingrid Heggoy

The Medical College of Georgia School of Nursing in Athens officially opened its new facility Sept. 27 with an open house.

The 16,000-square-foot facility on Barnett Shoals Road is 4,000 square feet larger than the school's previous South Milledge Avenue location.

"We now have a totally self-contained facility, with the room we need for both our educational and research activities," said Dr. Vickie Lambert, dean of the School of Nursing.

Some classes for the Athens campus previously were taught in the basement of the University of Georgia chemistry building because of a lack of adequate space.

"This is a wonderful step," Dr. Francis Tedesco, MCG's president, said. "This new facility really enhances the MCG presence on the UGA campus. It allows us the space we need at this campus to grow as I believe we will in the future."

The new facility contains a large classroom that can accommodate all of the school's 100-plus students for large meetings and can be divided into two smaller classrooms, an additional 50-person classroom, a small classroom, a computer area and a large learning-resources center where students practice direct patient-care procedures, faculty offices and a student study/lounge area.

The Athens campus awards approximately 50 bachelor of science in nursing degrees each year. Also, approximately 50 junior nursing students and about 10 registered nurses working toward bachelor's degrees are enrolled in the program.

"In the past, we've not had our due identity in Athens, and with this new facility, the presence of the MCG School of Nursing is very clear," Dr. Lambert said. ■

Dr. Francis Tedesco (right) tours new SONAT building.

Dr. Lambert Named to Georgia Board of Nursing

Dr. Vickie A. Lambert, dean of the Medical College of Georgia School of Nursing, has been appointed to the Georgia Board of Nursing.

The eight-member board, appointed by the governor, regulates licensure, nursing education and disciplinary actions for the more than 55,000 registered nurses in Georgia. The board's activities include site visits to all nursing schools in Georgia to evaluate their quality.

The board has six three-day meetings each year, and each member's term lasts three years.

"I really feel committed to do this because I feel it is a contribution MCG makes back to the state," Dr. Lambert said. "I also feel it allows us a voice in decision-making. I'm very excited to have this opportunity." ■

Grant to Aid Preceptor Project

The Area Health Education Center has awarded the Medical College of Georgia School of Nursing $4,900 to help support the school's rural preceptorship project.

The Area Health Education Center is a federal agency designed to match educational institutions with areas of need.

"The money is an incentive award for the school's implementation of the rural preceptorship project," said Jo-Ellen McDonough, project director and an instructor of community nursing at MCG.

The project matches participating nursing students with a rural, medically underserved area in which to train for a quarter. The funds will be used for statistical support, travel and other needs of faculty involved in the project.

"The amount of the award is directly related to the number of hours faculty spend in onsite supervision in rural areas," Ms. McDonough said.

"We're very pleased that the school has been recognized for its contributions to rural health care," said Dr. Vickie Lambert, dean of MCG's School of Nursing. ■

continued from page 13

Dr. Gary Stephen Kempler ('77) practices emergency medicine in Gainesville, Ga. He is a fellow of the American College of Emergency Physicians and is on the board of directors of the Georgia division of the American College of Emergency Physicians. He and wife Lynn have children Bret, 14, Joanna, 9, and Michelle, 7.

Dr. Sam Richwine Jr. ('77) practices plastic surgery in Gainesville, Ga. He and wife Julie have children Betsy, 12, and Winters, 9.

Dr. R. Wade Swann Jr. ('77), St. Simons, Ga., practices dermatology in Brunswick, Ga. He and wife Ashley have a daughter, Caroline Celeste, 3. He is past president of the Brunswick Rotary Club and a deacon of the First Baptist Church in St. Simons. He is past president of the Glynn County Medical Society.

Dr. Evan Torch ('77) practices psychiatry in Atlanta and is the representative of the Alumni Membership Committee for the MCG School of Medicine class of '77. He and wife Robin have children Samantha, 7, and Jessica, 5.

Dr. James H. Weihe ('77) practices psychiatry in Honolulu, Hawaii.

Dr. Amelia Ann Alderman ('81), Macon, Ga., practices psychiatry in the middle Georgia area. She is clinical assistant professor for the Department of Psychiatry, Mercer University School of Medicine, and has just been appointed to the American Society for Addiction Medicine Family and Generational Issues Committee. She attended a co-dependency conference in October in that capacity and has been invited to participate in the third annual Entrepreneurial Seminar at Wesleyan College in November. Son Adrian Alderman Gill turned 1 Sept. 19, 1991.

Dr. Ellen E. Courson ('81) practices OB/GYN in Valdosta, Ga. She and husband Anthony have four children.

Dr. Jeffrey H. Agee ('82) practices radiology in Decatur, Ill. He and wife Jean have three children.

Dr. James Terry Bell ('82) practices pediatrics in Dahlonega, Ga. He and wife Jean Simone (MCG School of Medicine, '82) have children Micah Margaret, Caitlin Kimberly and Peter Jacob.

Dr. W. Allen Blalock ('82) practices neonatology at University, St. Joseph and Humana hospitals in Augusta. He is on the board of the Southeastern Private Practice Neonatologists, Inc and is "happy to be back in Augusta after my residency and fellowship." He and wife Lisa have three children.

Dr. Jeffrey A. Dean Sr. ('82) practices anesthesiology in Greenwood, S.C. He and wife Jane have children Jad, 6; Joy, 4; and newborn Julie.

Dr. William Charles Hall ('82), Knoxville, Tenn., is director of cardiac surgery at the Methodist Medical Center in Oak Ridge, Tenn. He and wife Gay have children Addi Kristin, 3, and Sarah Ashlyn, 1.

Dr. Kenneth W. Healey ('82) practices OB/GYN at North Fulton and Northside hospitals in Atlanta. He is chairman of the Cherokee Regional Medical Systems Inc., the parent company of a new three-operating-room outpatient surgical center. He has been married for 14 years to wife Florrie and spends his spare time with his family. "I have four great kids and even make it to most of their many activities."

Dr. Keith B. Huckaby ('82) is chief of medicine at the Upson Regional Medical Center in Thomaston, Ga. He is a deacon of the East Thomaston Baptist Church. He and wife Vicki have two sons.

Dr. Thomas E. Kehl ('82) is an obstetrician/gynecologist in Macon, Ga. He and wife Claudia have a daughter, Nikki, 18.

Dr. Rembert M. McElhannon ('82) practices general surgery in Athens. He and wife Mary became parents in August.

Dr. F. Stuart Sanders ('82), director of the Habersham Cardiac and Pulmonary Rehabilitation in Clarkesville, Ga., is a medical adviser to the Georgia Association of Cardiopulmonary Rehabilitation. He also is clinical assistant professor of rehabilitation medicine at the Emory University School of Medicine. He and wife Lynne have children Carson, 6, and Amanda, 4.

Dr. Garry E. Siegel ('82), Marietta, Ga., practices obstetrics and gynecology in Alpharetta, Ga. He and wife Beth have children Eric, 7, and Amanda, 4.

Dr. Celia Melinda Thomas ('82) practices emergency medicine in Greenville, S.C. She and husband William have a daughter, Cameron Elizabeth, 2.

Dr. Gerald J. Bohn ('87) practices internal medicine in Griffin, Ga. He and wife Robin have sons Jonathan, 13, and Aaron, 11.

AlumNews

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Dr. Henry Tucker Clay Jr. ('87), Lansing, N.C., is "very busy in solo practice in the mountains of northwest North Carolina." His special interest is obstetrics. He and wife Bessie were expecting their first child in July.

Dr. Adam D. Goldstein ('87) is a clinical instructor and fellow in the Department of Family Medicine at the University of North Carolina School of Medicine in Chapel Hill. He is the recipient of a three-year National Research Service Award from the National Institutes of Health. He and wife Beth have a son Jared, 4 months.

Dr. Win Pratt ('87) is a fellow in rheumatology at the University of Alabama at Birmingham Hospital. He and wife Ginger have a son, John Winfield, 1.

Dr. L. Michael Thompson ('87) practices OB/GYN in Athens, Ga. He concluded an OB/GYN residency at Memorial Medical Center in Savannah in June 1991 and joined the Athens Women's Clinic as the sixth member of an OB/GYN partnership in July 1991. ■

Deadline for submitting information for publication in the spring issue of Alumnews is March 2, 1992

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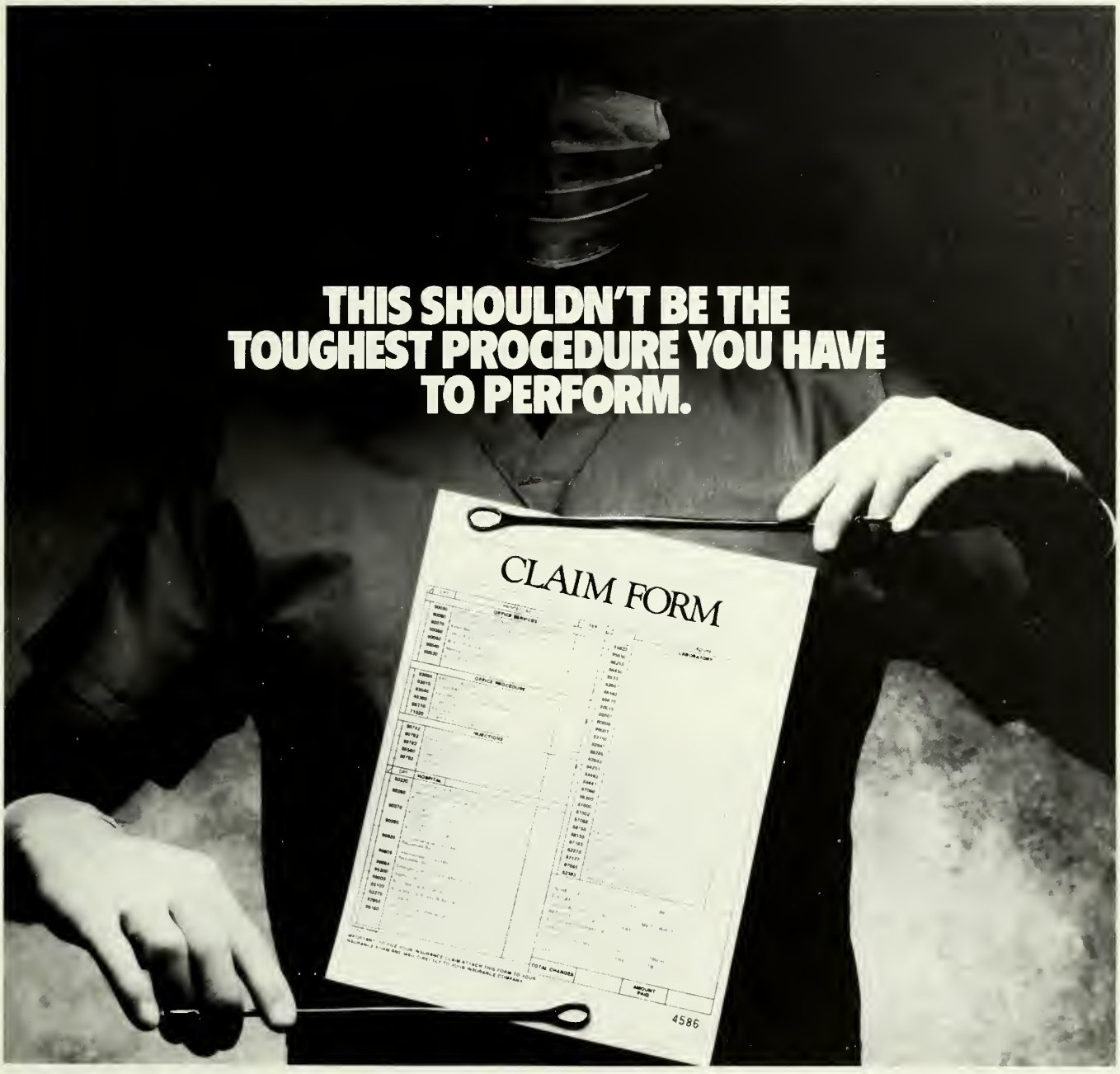

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Lowering Lipid Levels

One of the most frustrating medical realities is that some people can do all the right things for their health and still be unhealthy. Genes, the biological blueprint unwittingly bestowed by our parents, can thwart even the most conscientious quests for fitness.

But the Medical College of Georgia School of Medicine's Section of Nutrition helps ensure that genetic blueprints aren't necessarily destiny.

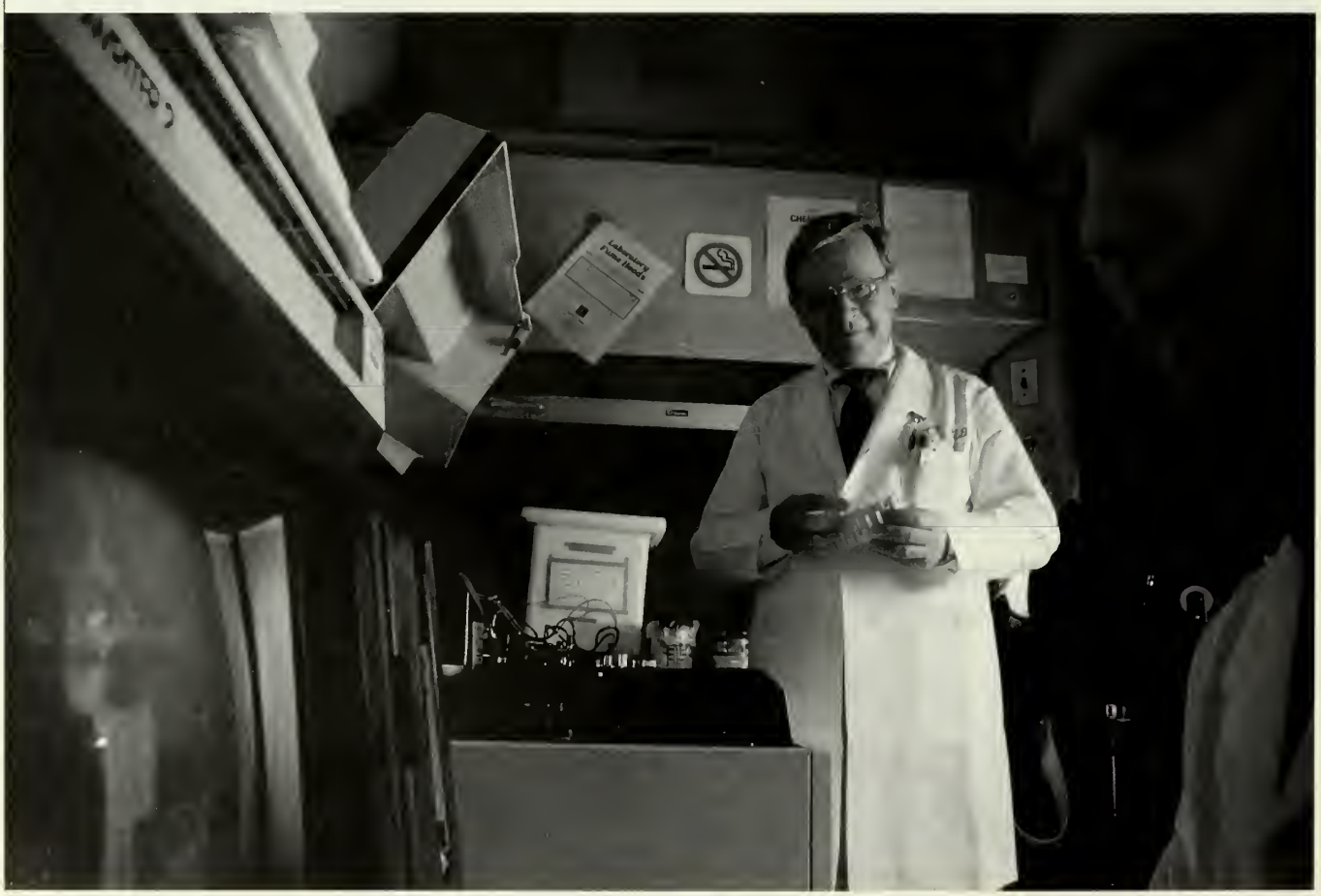
Consider lipids—fats and oils, including cholesterol and triglycerides, which can clog arteries and result in a variety of diseases. "Keeping the lipid level in the normal range is a great preventive measure for a large number of diseases, such as diabetes, heart disease, high blood pressure and pancreatitis," said Dr. Elaine B. Feldman, chief of the nutrition section. Diet is a major determinant of lipid levels: high-fat diets generally result in high lipid levels.

Lifestyle modifications—limiting dietary fat, exercising and kicking the cigarette habit—are the first line of defense in lowering lipid levels, and one about which the nutrition section counsels patients extensively. But do these health habits ensure low lipid levels? Unfortunately, not necessarily. Some people are biologically programmed to have high lipid levels. The good news is that a second line of defense now exists: drugs that lower them.

Dr. Terrence Kuske, professor of medicine, established a lipid clinic and lipid laboratory for the nutrition section 20 years ago to research the subject and clinically test lipid-lowering drugs. Dr. Kuske has studied such drugs since their infancy, "I've worked on every (lipid-lowering) drug there is, starting when I was a medical student in the 1950s," he said.

Once lipid-lowering drugs have been tested on animal models, the MCG clinic tests them on patients to determine effectiveness and dosage. "We usually become involved at the point of determining the safety and efficacy over the long term, plus the drugs' relationships with diet," Dr. Kuske said. "These are really studies done just before the marketing stage."

He stressed that study participants—all of whom volunteer and are thoroughly informed about the test and the drug—are



not guinea pigs. "We offer patients either standard care (already approved by the Food and Drug Administration) or the clinical trial," he said. "These tests are all done very carefully. The drugs are tested on animals extensively first, and if the product is foreign, the FDA requires further testing in the United States. All precautions are taken. You will never have been so completely cared for as under one of these protocols."

Patients are monitored carefully by the clinic's staff—including three physicians, two dietitians and a research assistant—and must show up for their appointments religiously. None of the clinic's many trials has harmed a participant's health.

"Many of our own faculty have been study participants, which shows you the confidence they have in our trials," Dr Kuske said. "We usually don't have a problem recruiting people for these studies."

As an added bonus, the entire cost of treatment is free to study participants. And for those interested in posterity, the volunteers are assuming their own role in shaping medical science. During the 1980s, MCG was one of several institutions to clinically study a lipid-lowering drug that has revolutionized health care: lovastatin.

"It's the most effective agent to date in lowering cholesterol," Dr. Kuske said.

Lovastatin, developed in Japan, inhibits the enzyme that determines the rate at which the body produces cholesterol. The drug is very effective—the most prescribed drug to lower cholesterol—and has few side effects. A small percentage of patients have exhibited an elevated liver enzyme and/or some muscle inflammation, but all patients are closely monitored to rule out toxic side effects. Lovastatin is one of a family of drugs, all of which the clinic has investigated.

"They're all very good," Dr. Kuske said. "They are very safe agents and very well-tolerated. We have good reason to think we can undo some damage to vessels with the drugs now available. We already have evidence from a trial called the FATZ study that they cause coronary artery disease to reverse itself. Until recently, the only one available was lovastatin, but pravastatin is now available, and simvastatin should be soon."

The drugs are derivatives of a fungus, but new synthetic versions—also being tested at MCG—are being developed. "Early levels suggest that the synthetics have an even lower level of toxicity than the (fungus derivatives)," Dr. Kuske said. "They're about three years away from showing up on the market."

Despite the drugs' success, Dr. Kuske stressed that medication—if necessary at all—should supplement healthy lifestyle habits, not replace them.

"Most patients with borderline cholesterol can be managed with diet alone," he said. "But even if diet alone won't do it, a good diet is also helpful in reducing the amount of medication needed."

A cholesterol level of 240 milligrams of cholesterol per deciliter is considered high. "Ideally, we'd like everyone to have a level below 200," he said. "People who eat well but still have high cholesterol are good candidates for medication."

The lipid clinic screens medical students to determine their cholesterol level. "High triglycerides or cholesterol levels tend to run in families, so if we run into a person with a problem, we may screen the family," Dr. Feldman said.

The nutrition section also participates in a regional nutrition medical network to help improve the nutritional education of medical students. "Good diet is an important area not only in preventing disease but for promoting health," Dr. Feldman said. ■

—CHRISTINE HURLEY DERISO

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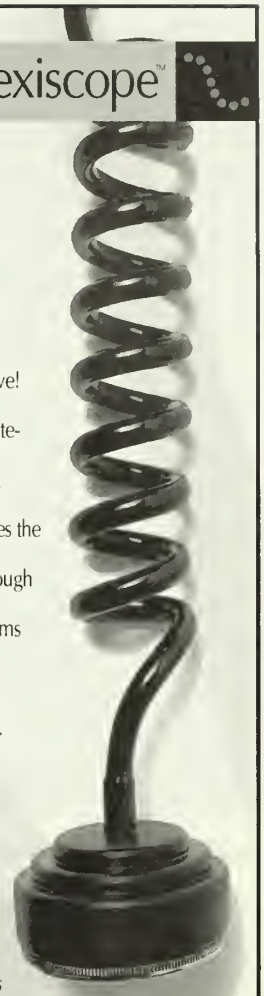

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Dr. Elaine B. Feldman, right, and dietitian Jane Greene with patient.

A Rising 'C' Level

A small study of generally healthy people with average blood pressures showed those blood pressures got even better with a vitamin supplement of 10 times more vitamin C than most study participants got in their regular diet.

Dr. Elaine B. Feldman, chief of the Medical College of Georgia Section of Nutrition, says this small study provides a base for a larger, controlled study to see if the effects can be duplicated and just how vitamin C lowers vital blood pressures.

This study looked at patients with blood pressures of about 125 systolic—the top number which reflects how hard the heart is contracting—and 80 diastolic—the bottom number which reflects the resistance the heart meets trying to pump blood into the blood vessels.

It followed an earlier MCG study which showed lower blood pressures accompanied higher vitamin C levels in the blood of 169 healthy Augustans.

The earlier study, which won medical student Leslie Cohen the 1990 American Society for Clinical Nutrition's Medical Student Award for Research in Clinical Nutrition, documented these differences in people who had higher levels from their diets alone.

Foods like citrus fruits and juices, strawberries, plant products and melons are naturally high in vitamin C.

The daily recommended intake of vitamin C is about 60 milligrams per day and most people have no trouble exceeding that limit, with the average daily intake more like 90 milligrams per day, Dr. Feldman said.

But the intake of the 21 subjects in this latest study was about 10 times even the normal intake and couldn't be achieved by diet alone, said Dr. Feldman, who worked with Samuel Gold, a second-year medical student at MCG, on the most recent project.

They recruited 21 new subjects with normal blood pressures and health and added one gram of vitamin C to their diet per day, Mr. Gold said. They kept tabs on what subjects ate.

They took blood pressures in the early morning and several times over the four-week period in the study. "We found it did reduce the blood pressure significantly," Mr. Gold said. The systolic, or top number, was reduced by 4 and the diastolic number reduced by 3.

Dr. Feldman says this raises issues that need further perusal such as how and why vitamin C has such an impact. "It may have something to do with the dilatation of the blood vessels," she said.

"Vitamin C is an antioxidant that keeps your blood from getting rancid. It keeps the fats in the blood and the lipids from deteriorating. The theory that peroxidation is related to aging, hardening of the arteries and blood pressure is a hot topic," Dr. Feldman said.

But how keeping oxygen out helps keep blood pressure down is not well understood and needs to be studied, she said.

"I think the whole question of these antioxidants and what their role is in prevention of heart disease and control of blood pressure really needs to be explored. It may be that vitamin C has something to do with blood clotting." Dr. Feldman will be pursuing such further study.

For now, "People ask me a single thing to do about your blood pressure from a nutritional point of view, it would be control you body weight and exercise," she said. "I (also) would encourage people to have a good intake of vitamin C." ■

—TONI BAKER

Hedging Bets

A Medical College of Georgia School of Nursing researcher wants to know what determines whether or not women work to hedge their bets against breast cancer.

Dr. Letha Lierman, associate professor and chairwoman of MCG's Department of Mental Health/Psychiatric Nursing, is specifically targeting African American women, who tend to get later diagnoses and worse prognoses for breast cancer than whites. She has interviewed about 40 African American women age 35 or older to determine how they feel about breast self-examination and mammography, an X-ray technique to detect breast lumps.

Dr. Lierman's study is funded by an MCG Research Institute grant. The research institute provides funds to help MCG researchers lay enough groundwork for a study to enable application for extramural funds, which Dr. Lierman plans to pursue shortly.

Dr. Lierman first began studying attitudes toward breast self-examination in Seattle, Wash., where she had a grant funded by the National Center for Nursing Research. The research team interviewed 175 women (mostly white and middle-class) about breast self-examination techniques, then taught a breast self-examination course to the same group. "I found a very significant difference between pre-instruction and post-instruction," she said. "They more than doubled their (self-examination) skill and performance level after the instruction."

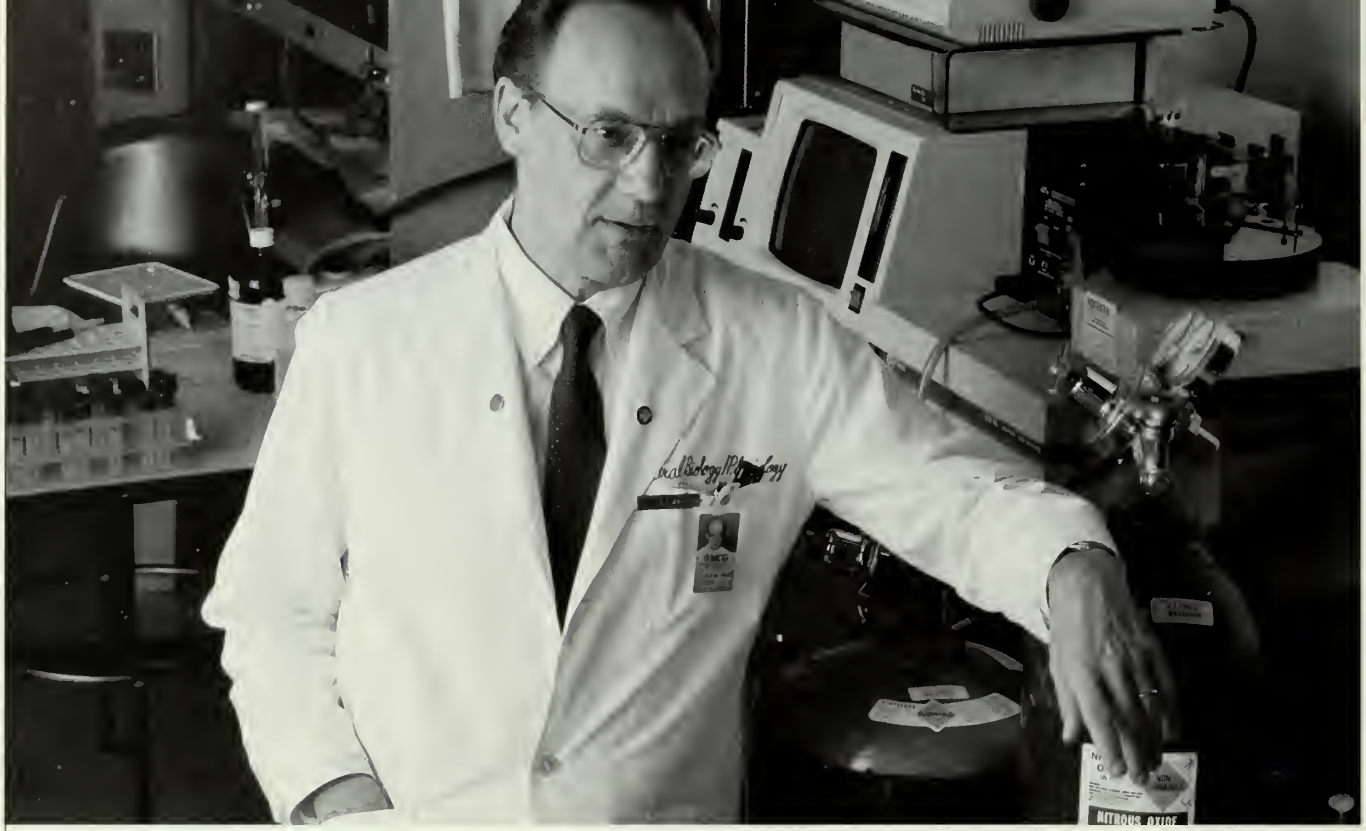
She was anxious to further her study by enlisting the participation of African American women, since statistics indicate their increased risk of poor breast-cancer prognosis. The participants for the current study are mostly residents of Georgia's Richmond and Jefferson counties. Focus groups were used to find out women's perceptions about perceived advantages and disadvantages of breast self-examination and mammography; factors that ease or obstruct their ability to take advantage of these techniques; and who, if anyone, they have discussed these techniques with.

"(The latter question) gives us insight into social reference or the specific support people they might identify," Dr. Lierman said.

Dr. Lierman has just begun analyzing the data, but she already has determined that this population group tends to regard breast cancer patients as stigmatized by society. Many of them also report a significant fear of breast cancer and lack of knowledge about how to examine their breasts.

"The next step is to compile a questionnaire based on this preliminary data," Dr. Lierman said. Based on those results, she plans to apply for federal funding for a program of early detection of breast cancer in rural Georgia.

—CHRISTINE HURLEY DERISO



The Facts About Fluoride

Ask almost any dentist and the answer will be the same: The biggest advance in preventive dentistry during the 20th century has been the discovery of fluoride's protective properties.

"I wouldn't hesitate to call fluoridated water and fluoride-containing products such as toothpastes and mouth rinses the cornerstones of modern preventive dentistry," said Dr. Gary Whitford, Regents professor of oral biology at the Medical College of Georgia School of Dentistry.

"On average children today have one-half to two-thirds fewer cavities than they did before the introduction of fluoride. Pre-teens and teens used to have an average of eight to 10 cavities, whereas now they have an average of about three cavities per child."

The protective properties of fluoride were discovered during the 1930s when dentists noticed residents of some communities in the Southwest had fewer cavities than the average American. Investigators discovered naturally occurring fluoride in their water supplies. Based on this discovery and following safety studies, the United States was the first country to introduce controlled fluoride levels in the water supply.

The amount of fluoride added in each city depends on the naturally occurring fluoride in the water supply. While most cities need some fluoride added, some areas of the country actually have too much and need to remove some of it, Dr. Whitford said.

"Generally, natural water supplies in Georgia have fluoride levels of .2 parts per million or less, which is considered to be fluoride-deficient," he said. "However, along the eastern coast of the state, from the ocean and inland for about 50 miles, the water does have about .4 to .6 parts per million. The optimal level is 1 part per million, so these areas don't need as much fluoride added to their water as the rest of the state."

Dr. Whitford's laboratory tests water samples statewide for fluoride. Dentists and physicians can send a sample of the patient's drinking water, and Dr. Whitford's laboratory analyzes its fluoride content. Based on the results, he recommends whether a dietary fluoride supplement should be given to the child.

Approximately 95 percent of Georgia's population drinks fluoridated water, according to Dr. Whitford. All the state's major cities and most of the smaller ones have fluoridated water supplies, and almost the only people not drinking fluoridated water drink from wells. For children whose drinking water has less than .7 parts per million of fluoride, dentists and physicians usually suggest fluoride tablets or drops.

"However, if the water the child is drinking has the proper level of fluoride, then dietary fluoride supplements should not be given," Dr. Whitford said. "These supplements are in many cases being inappropriately applied. They are being prescribed in areas with fluoridated water, and too much fluoride can cause a child's teeth to become discolored. For instance, no child in the Augusta area should be receiving fluoride supplements, because the water supply contains all the fluoride they need."

This tooth discoloration, called fluorosis, is the only known side effect of too much fluoride, Dr. Whitford said. He stressed that fluoride does not cause any health problems, although the tooth discoloration sometimes becomes noticeable and warrants cosmetic treatment. Mild fluorosis causes white or pearly-colored regions on the teeth, especially close to the biting surfaces. Moderate or severe fluorosis can cause more severe discoloration, even brown teeth, and pitting of the enamel tooth surface.

Fluoride toothpastes are beneficial whether or not the water is fluoridated, according to Dr. Whitford. Researchers believe that the fluoride in water and in toothpaste have slightly different methods of preventing cavities.

Fluoride in water drunk by a young child is actually incorporated into the enamel of the developing teeth, making it stronger and less susceptible to decay. Fluoride in toothpaste gets into plaque on the teeth, apparently making the bacteria less able to make the acid that causes cavities. It also seems to promote remineralization of the tooth, Dr. Whitford said.

"The combination of fluoridated water and a fluoride toothpaste is desirable, but parents need to supervise young children carefully to make sure they don't swallow the toothpaste," Dr. Whitford said. "If a child loads his toothbrush full of toothpaste, as they often like to do, and then he swallows it, he will receive more fluoride than he would get all day from the water."

Dr. Whitford and other MCG School of Dentistry researchers also are looking into reasons that the difference in cavity rates between fluoridated and unfluoridated areas of the country is smaller than it once was. During the 1950s, there were 50 percent to 60 percent fewer cavities in areas with fluoridated water. Today the average difference in the country is approximately 18 percent.

"We think this might be because of the widespread use of fluoride toothpaste and what we are calling the 'halo effect,'" Dr. Whitford said. "Children today eat more processed foods, drink canned sodas—which are generally produced in cities, areas with fluoridated water. So, in heavily fluoridated states like Georgia, it may be that practically everyone receives at least some fluoride, enough to make a difference. In this sense, there may be no such thing as unfluoridated communities in Georgia." ■

—INGRID HEGGOY

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The fourth-graders at Richmond County's Willis Foreman Elementary School were buzzing with anticipation even before the class began.

This class, they'll tell you, is fun. And it bears scant resemblance to others. For one thing, this class begins by singing—or more accurately, rapping—a theme song. The kids play games in this class. They create recipes. and sample their creations. No, this is definitely not your typical class.

The class is called *Gimme 5*, a program implemented into the health class of fourth- and fifth-graders at Willis Foreman to encourage eating at least five servings of fruits and vegetables a day. Dr. Tom Baranowski, professor of health behavior in pediatrics and deputy director of the Georgia Prevention Institute at the Medical College of Georgia, and Dr. Suzi Domel, an MCG postdoctoral nutrition fellow, are conducting the program as part of an 18-month, $100,000 project funded by the International Apple Institute through the Centers for Disease Control. The program began in October 1990.

"The major focus is developing, implementing and evaluating a school program to increase the fruit and vegetable consumption of fourth- and fifth-grade children," Dr. Baranowski said. "The federal government has a set of 'Year 2000 Objectives,' one of which is to increase fruit and vegetable consumption to five servings a day. Right now, the average is about two and a half servings a day. We feel if we can establish good dietary habits in childhood, those will carry over to adulthood."

But how do you get kids to eat more fruits and vegetables? Drs. Baranowski and Domel are hoping the children at Willis Foreman will lead the way.

The program began when the MCG faculty distributed questionnaires in September to fourth- and fifth-graders in Richmond County's Willis Foreman and A. Brian Merry schools. The children were asked to maintain a diary for a week, recording everything they ate. "One of the problems is that there aren't very good measures of what kids eat and how they eat them," Dr. Baranowski said. The children were observed at lunchtime to make sure their diaries reflected reality. "We got 70 percent to 80 percent accuracy on what they reported at lunchtime," Dr. Baranowski said. The diaries also reflected a rather disturbing statistic: most of the children prepare their own breakfast, and about half prepare their own dinner.

The students also were asked questions that indicated food preferences, nutrition awareness and willingness and ability to make dietary changes.

Next, fourth- and fifth-grade teachers at Willis Foreman, the test school, began the *Gimme 5* program, which Drs. Baranowski and Domel had taught them how to conduct. The program, taught during health class three times a week for six weeks, focuses on teaching children to set their own goals, motivate themselves and take an active role in their diets.

"We see a three-part problem: getting kids to like fruits and vegetables more; making the foods more available at home; and teaching how to prepare them," Dr. Baranowski said.

But the emphasis, as the *Gimme 5* title suggests, is on fun.

"The title represents fun," Dr. Domel said "We want the kids to realize that diet is very important, but you can still have fun learning about what to eat and eating healthy foods. We know that learning increases when you're having fun."

And the Willis Foreman students are definitely having fun. Each sets his own weekly goal (substituting an apple for cookies as a snack, for instance) and is paired with a "goal buddy" who helps him achieve it. Those who meet all their goals are rewarded at the end of the program.

Each week of the program features a color, and the activities are focused around fruits and vegetables of that color. The kids even wear the color on Wednesdays, and the school lunchroom prepares menus based on it. On Fridays, the kids have a "color countdown" in which they go down the row naming fruits and vegetables of that color, competing to see who can keep the list going the longest.

The children also summon their creativity to respond to "Dear AppleGail" letters which pose nutritional problems and seek ways to resolve them. They also "rap" their theme song during every class. ("Gimme 5, that's what I say, at least five servings every day...")

The *Gimme 5* program offers nutritious, easy-to-prepare recipes which the children test in class. During one Monday session, the recipe was "Black-Eyed Peanut Butter Dip," a combination of peanut butter, apple juice and raisins. The children eagerly followed the recipe, then spread their creation on celery sticks to give it a try.

"How do you like it?" their teacher asked.

"Yummy," most concurred.

"I like the dip," one said, "but I don't like the celery."

"Can you think of something you could spread it on that you do like?" the teacher asked.

The little girl's brow furrowed with concentration. "Apples, maybe...I like peanut butter with apples. Or carrot sticks. I like carrot sticks."

The teacher asked if they anticipated making the dip at home, and several nodded. A couple said the ingredients weren't available at home.

"What could you do about that?" the teacher prodded.

"Ask my mom to buy some raisins," one said, noting that he would jot it down on her grocery list.

And indeed, parents are enlisted in the *Gimme 5* program at every opportunity. The children take home a weekly newsletter which details the program's progress and offers nutritional tips and recipes.

The school also furthers its involvement by implementing aspects of the program into other classes. For instance, the children's English class on the day they created "Black-Eyed Peanut Butter Dip" consisted of writing a thank-you note to the cafeteria staff for providing the ingredients.

Drs. Baranowski and Domel are hoping that the reinforcement will produce results. "We're basically trying to change their behavior," Dr. Domel said. "You can talk all you want about fruits and vegetables, but unless you actually eat them, how will you benefit?"

The faculty also take into account the intricacies involved in behavior change. "A lot of data suggest that people make changes in stages," Dr. Baranowski said. "Some people are in the pre-contemplative stage: they aren't interested in changing; they don't see a problem. The contemplative stage is when people haven't begun changing but are considering the possibility. The active-change stage is actually making the change, and maintenance is trying to keep from backtracking. You do something different at each stage. Treating everybody as an amorphous mass isn't effective."

Drs. Suzi Domel and Tom Baranowski

The program was scheduled to conclude in November with a "fruit and vegetable festival," during which children displayed *Gimme 5* projects they had worked on throughout the program. Parents were invited also.

The next step will be to distribute the same questionnaires that the children answered before the program began. Drs. Baranowski and Domel anticipate that the responses of children from A. Brian Merry—those who answered the questionnaires but did not participate in the *Gimme 5* program—will not differ significantly from their original answers. (These children will participate in *Gimme 5* in the spring.) But they hope the answers of the Willis Foreman students will indicate that the program has changed their eating habits.

"We should know by the end of March whether the program worked the way we wanted it to," Dr. Baranowski said. "I anticipate we'll see a change. I've done a good number of change programs, and whereas you never see as much change as you'd like, you generally do get results."

"We'll assess the program, revise it appropriately and test it with other schools," Dr. Domel said, noting that a successful outcome might result in a program to be modeled nationwide. ■

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